

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000905**

1. Entity Name

FAMILY APPROACH TO CHILD ENRICHMENT, INC.**FILED****Jul 02, 2002 8:00 am
Secretary of State**

03-06-2002 90030 021 ****70.00

Principal Place of Business

**301 N.W. 9TH STREET
MIAMI FL 33136**

Mailing Address

**301 N.W. 9TH STREET
MIAMI FL 33136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

58-5236020

4. FEI Number
58-5236020 **APPLIED FOR**Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERSON, WALTER
8517 CLARIDGE DRIVE
MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

Name **Beckwith, Franklin**

Street Address (P.O. Box Number is Not Acceptable)

1580 N.W. 55th TerraceCity **Miami Florida FL** Zip Code **33142**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Franklin P. Beckwith

2/21/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, WALTER H	
STREET ADDRESS	8517 CLARIDGE DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETHEL, LAURA	
STREET ADDRESS	1720 N.E. 138TH STREET	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES MD	
STREET ADDRESS	1745 N.W. 57TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	T	<input type="checkbox"/> Delete
NAME	BECKWITH, FRANKLIN	
STREET ADDRESS	1580 N.W. 55TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, GEORGE	
STREET ADDRESS	1816 N.W. 55TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela Palmer	
STREET ADDRESS	MILAN, WY 47 Terrace	
CITY-ST-ZIP	Miami, FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of George Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

305-893-1930
Date Daytime Phone #

CR2037 (9/01)