

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-06-2001 90338 005 ****61.25

DOCUMENT # N95000005803

1. Entity Name

POMPANO BEACH PRESCHOOL PTC INC.

Principal Place of Business

Mailing Address

1801 N.E. 6TH STREET
 POMPANO BEACH FL 33060

1801 N.E. 6TH STREET
 POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0628024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADEN, KAREY
1801 N.E. 6TH STREET
POMPANO BEACH FL 33060

Name

CARSON, KELLY

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

1801 NE 6 STREET

City

POMPANO BCH

FL

Zip Code

33060

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

Kelly Carson

KELLY CARSON

2-20-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	HADEN, KAREY	
STREET ADDRESS	4195 BAY LAUREL WY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARSON, KELLY	
STREET ADDRESS	561 SE 11TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRICKEITO, ROBIN	
STREET ADDRESS	1041 S.E. 7TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CIUFFRIDA, DOROTHY	
STREET ADDRESS	2459 SE 14TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY CARSON	
STREET ADDRESS	561 SE 11TH ST.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN WILKES	
STREET ADDRESS	6513 NW 42nd Terr.	
CITY-ST-ZIP	COCONUT CREEK, FL 33093	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIN BRICKEITO	
STREET ADDRESS	1041 SE 7TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREY HADEN	
STREET ADDRESS	4195 BAY LAUREL WAY	
CITY-ST-ZIP	BOCA RATON FL 33487	
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:

Kelly Carson

2-20-01

(954) 786-4180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)