

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004167

1. Entity Name

K STREET DAY SCHOOL, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90008 035 \*\*\*\*61.25

Principal Place of Business

1415 N. "K" STREET  
LAKE WORTH FL 33460  
US

Mailing Address

624 N. LAKESIDE DR.  
LAKE WORTH FL 33460-3121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0777849

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAMAYO, DENISE  
624 N. LAKESIDE DR.  
LAKE WORTH FL 33460

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME TAMAYO, DENISE  
STREET ADDRESS 624 N. LAKESIDE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS (address)  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME KLEIN, JAYNE  
STREET ADDRESS 10432 SANTIAGO STREET  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE TD ☒ Change ☐ Addition  
NAME KLEIN, JAYNE  
STREET ADDRESS 13027 SW 41ST ST.  
CITY-ST-ZIP DAVIE, FL 33330

TITLE VSD ☐ Delete  
NAME DOCSA, DEBBRA J  
STREET ADDRESS 1 SO. LAKESIDE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Denise Tamayo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 (561)588-1954

Date

Daytime Phone #

CR2E037 (9/99)