

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006369

1. Entity Name

CHILDREN'S SCHOLARSHIP FUND MIAMI, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90109 048 ****61.25

Principal Place of Business 7001 S.W. 97TH AVENUE MIAMI FL 33173	Mailing Address 7001 S.W. 97TH AVENUE MIAMI FL 33173-1472
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0875410	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARRICARTE, MICHAEL L 7001 S.W. 97TH AVENUE MIAMI FL 33173
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARRICARTE, MICHAEL L 7001 S.W. 97TH AVENUE MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARRICARTE, MICHAEL A 7001 S.W. 97TH AVENUE MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KARDONSKI, ANNE L 7001 S.W. 97TH AVENUE MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARRICARTE, JENNIFER L 7001 S.W. 97TH AVENUE MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006369

1. Entity Name

CHILDREN'S SCHOLARSHIP FUND MIAMI, INC.

Principal Place of Business

7001 S.W. 97TH AVENUE
MIAMI FL 33173

Mailing Address

7001 S.W. 97TH AVENUE
MIAMI FL 33173-1472

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

65-0875410

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

**CARRICARTE, MICHAEL L
7001 S.W. 97TH AVENUE
MIAMI FL 33173**

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 withdrawing.)

DATE

**FILE NOW
FEE IS \$81.25**

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	D	<input type="checkbox"/> Delete
NAME	CARRICARTE, MICHAEL L	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-STATE-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRICARTE, MICHAEL A	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-STATE-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARDONSKI, ANNE L	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-STATE-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRICARTE, JENNIFER L	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-STATE-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

DATE

DATE PAGE #

*Attachment
b# N9800006369
D0047275*

DO NOT WRITE IN THIS SPACE

Jennifer L. Carricarte / *Jennifer L. Carricarte* 4/26/00 305/275-8400