

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90128 038 ***150.00

DOCUMENT # P01000001983

1. Entity Name
FOCUS PRE-SCHOOL, INC.

Principal Place of Business

**3101 EL DORADO ROAD
 PAHOKEE FL 33476**

Mailing Address

**3101 EL DORADO ROAD
 PAHOKEE FL 33476**

2. Principal Place of Business

Focus Preschool, Inc 601 West Canal St. North
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Belle Glade, Florida

City & State

Belle Glade, Florida

4. FEI Number

65-1061818

Applied For

Not Applicable

Zip

33430

Country

America

Zip

33430

Country

America

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONTGOMERY, THOMAS ESQ
 1 SE AVE E
 BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JONES, ANTHONY	
STREET ADDRESS	3101 EL DORADO ROAD	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VEREEN, GREGORY	
STREET ADDRESS	170 NW 2ND AVE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SMITH, MIRANDA	
STREET ADDRESS	170 NW 2ND AVE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, THERESA	
STREET ADDRESS	3101 EL DORADO ROAD	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theresa Jones **2/19/02** **(561) 9933336**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)