

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049240

1. Entity Name
MONTESSORI CHILDREN'S ACADEMY INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90149 029 ***150.00

Principal Place of Business Mailing Address
9718 S.W. 40 ST.
MIAMI FL 33165 9718 S.W. 40 ST.
MIAMI FL 33165-4032

2. Principal Place of Business 3. Mailing Address
9718 S.W. 40 st.
Suite, Apt. #, etc. 9718 S.W. 40 st.
Suite, Apt. #, etc.

City & State City & State
MIAMI, FLORIDA MIAMI, FLORIDA
Zip Zip Country Country
33165-4032 33165-4032 United States U.S.

6. Name and Address of Current Registered Agent
LLADO, CHRISTINA
6425 SW 116 PL
UNIT H
MIAMI FL 33173

4. FEI Number 65-0673767 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	P LLADO, FRANCISCA E		NAME		
STREET ADDRESS	4399 SW 89TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP		
TITLE	V LLADO, CHRISTINA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLADO, CHRISTINA		NAME		
STREET ADDRESS	6425 SW 116 PL. #H		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Christina Llado* Date: 01/10/2000 (305) 318-6687