

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003401

1. Entity Name

FAMILY MONTESSORI LEARNING CENTER INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90090 011 ***158.75

Principal Place of Business

Mailing Address

11910 N.W. 29TH MANOR
SUNRISE FL 33323

11910 N.W. 29TH MANOR
SUNRISE FL 33323-1556

2. Principal Place of Business

3. Mailing Address

7356 W. Commercial Blvd.

7356 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Lauderhill Fla. 33319

City & State
Lauderhill Fla.

4. FEI Number 65-0724953

Applied For
Not Applicable

Zip 33319 Country Broward

Zip 33319 Country Broward

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

O'BERRY, LISA
11910 N.W. 29TH MANOR
SUNRISE FL 33323

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 *Lisa O'Berry* Lisa O'Berry

1-6-00

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 P
NAME O'BERRY, LISA
STREET ADDRESS 11910 N.W. 29TH MANOR
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: *Lisa O'Berry* Lisa O'BERRY

1-6-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)