

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90060 008 ***158.75

DOCUMENT # P97000009214

1. Entity Name

ST.MICHAELS PRESCHOOL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3401 NW 213th Terrace,

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 560906

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Carol City, FL

City & State: Carol City, FL

4. FEI Number 65-0723935

Applied For

Not Applicable

Zip 33056

Country USA

Zip 33056

Country US

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GORDON, RAY A

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

3401 NW 213th Terrace

City

Carol City,

FL

Zip Code
33056

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.

Ray A. Gordon, Registered Agent, 04/29/02

(NOTE: Registered Agent signature required when reconstituting)

(DATE)

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



**January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD
NAME Gordon, Ray A
STREET ADDRESS 8413 SW 164th Terrace
CITY- ST- ZIP Miami, FL 33157

TITLE STD
NAME Gordon, Doreen J.
STREET ADDRESS 8413 SW 104th Terrace
CITY- ST- ZIP Miami, FL 33157

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray A. Gordon, President 04/29/02

Date

Daytime Phone #

CR2E034B (12/01)