

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90193 042 ***150.00

DOCUMENT # P99000012965

1. Entity Name
MIRIAM'S PLAYHOUSE AND ENRICHMENT CENTER, INC.

Principal Place of Business
**646 E. CALL STREET
 TALLAHASSEE FL 32301**

Mailing Address
**646 E. CALL STREET
 TALLAHASSEE FL 32301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3527494**
3559204

Applied For
 Not Applicable

Zip Country

Zip Country

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

**ALTIERI, MIRIAM R
 3001 MORNINGSIDE DR.
 TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **DP** ☐ Delete
 NAME **ALTIERI, MIRIAM R**
 STREET ADDRESS **3001 MORNINGSIDE DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Miriam R. Altieri (Miriam R. Altieri)**

7-8-02 521-0571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

B0128259

Attachment

Miriam's Playhouse

646 E. Call St.

Tallahassee, FL 32301

Tel: (850)521-0571

Fax: (850)521-0799

09000012965

7/8/02

To whom it may concern:

For whatever reason, we did not receive the first form that was due by May 1st.

We do, however, apologize for being late; though we consider this no-fault of our own, we would like to request that no penalties be added because of the circumstance. We always strive to meet our deadlines in a timely fashion and you can check our record. We have no idea

it simply got lost in the ~~mail~~ ^{Attachment 150128239}
DH # 144000012965

Please note our address above for
future correspondence. Attachment

~~# 144000012965~~
Thank you much,

Miriam Alteri -
Director

* a check for \$150.00 have been enclosed.