

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90135 022 ***150.00

DOCUMENT # P99000045855

1. Entity Name

**INVOLVED MOTIVATED PARENTS AS CLASSROOM TEACHERS
, INC.**



Principal Place of Business

3359 BELVEDERE RD

SUITE A

WEST PALM BEACH FL 33406

Mailing Address

3359 BELVEDERE RD

SUITE A

WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0923476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLIGAN, ALPHONSO S ESQ

4600 EAST PARK DR

SUITE 201

PALM BEACH GARDENS FL 33410

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CLEVELAND, MICHAEL A**
STREET ADDRESS **418 20TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Change ☒ Addition
NAME **ANDERSON, MARIE**
STREET ADDRESS **131 WEST 81ST STREET**
CITY-ST-ZIP **KEYBORA BEACH, FL 33404**

TITLE **D** ☐ Delete
NAME **HALL, JAMES**
STREET ADDRESS **3300 WESTVIEW AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Change ☒ Addition
NAME **FIELDS, ANGIE**
STREET ADDRESS **270 SOUTH EAST 2ND AV.**
CITY-ST-ZIP **SOUTH BAY, FLORIDA 33493**

TITLE **D** ☐ Delete
NAME **EARLE, JANISE**
STREET ADDRESS **4201 NW 17TH ST**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **D** ☐ Change ☒ Addition
NAME **ALFARO, MARGALITA**
STREET ADDRESS **POST OFFICE BOX 460**
CITY-ST-ZIP **CANAL POINT, FL. 33438**

TITLE **D** ☒ Delete
NAME **BANKS, JOHNNIE MAE**
STREET ADDRESS **789 MCCLURE RD**
CITY-ST-ZIP **PAHOKEE FL 33476**

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

TITLE **D** ☒ Delete
NAME **GARCIA, LUCILA**
STREET ADDRESS **BOX 311 SOUTH SHORE VILLAGE**
CITY-ST-ZIP **CLEWISTON FL**

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

TITLE **D** ☐ Delete
NAME **MILLIGAN, ALPHONDO S**
STREET ADDRESS **4600 EAST PARK DRIVE SUITE 201**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Cleveland **Michael A. Cleveland** 1/17/03 561 640-4005

Date

Daytime Phone #

CR2E034 (10/02)