

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90119 015 ***150.00

DOCUMENT # S80485

1. Entity Name
MIAMI GARDENS INFANT AND PRESCHOOL CENTRE, INC.

Principal Place of Business 190 NE 191ST STREET BAY 9 MIAMI FL 33179	Mailing Address 190 NE 191ST STREET BAY 9 MIAMI FL 33179-3711
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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 **65-0290267** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZ, RICK
 190 NE 191 ST
 MIAMI FL 33179**

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	FELNER, JAY	4770 TREE FERN DR	DELRAY BCH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	KATZ, LAURIE	21918 PHELMONT COURT	BOCA RATON FL 33428	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	ALEXANDER, CHERRI	5588 BARNSTEAD CIR	LAKE WORTH FL 33463	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	KATZ, RICK	21918 PHILMONT CT	BOCA RATON FL 33428	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	ALEXANDER, MICHAEL	5588 BARNSTEAD CIR	LAKE WORTH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Cherri Alexander Date: 3/13/00 Daytime Phone #: 305 651 9691

CR2E034 (9/99)