

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

06-12-2002 90239 027 \*\*\*550.00

**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**



DO NOT WRITE IN THIS SPACE

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

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

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, 2002 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  
**P**  
**FELNER, JAY** ☐ Delete  
**4770 TREE FERN DR**  
**DELRAY BCH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**482 LIVE OAK BLVD** ☒ Change ☐ Addition  
**Delray Beach, FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**KATZ, LAURIE** ☐ Delete  
**21918 PHELMONT COURT**  
**BOCA RATON FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**KATZ, Laurie** ☒ Change ☐ Addition  
**5856 NW 54th Circle**  
**Coral Springs FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**ALEXANDER, CHERRI** ☐ Delete  
**5588 BARNSTEAD CIR**  
**LAKE WORTH FL 33463**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**KATZ, RICK** ☐ Delete  
**21918 PHILMONT CT**  
**BOCA RATON FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**KATZ, Rick** ☒ Change ☐ Addition  
**5856 NW 54th Circle**  
**Coral Springs FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**ALEXANDER, MICHAEL** ☐ Delete  
**5588 BARNSTEAD CIR**  
**LAKE WORTH FL**

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

TITLE  
NAME  
STREET ADDRESS  
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: *Cheri Alexander* **Cheri Alexander** 6/6/02 305 651 9291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)