#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012150

Entity Name: CENTRO MATER CHILD CARE SERVICES, INC.

FILED
Mar 26, 2018
Secretary of State
CC9732135722

## **Current Principal Place of Business:**

8298 NW 103 ST.

HIALEAH GARDENS, FL 33016

### **Current Mailing Address:**

4790 NORTH STATE ROAD 7 LAUDERDALE LAKES. FL 33319

FEI Number: 20-8083301 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

J. PATRICK FITZGERALD, ESQUIRE 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title CD Title VCSD

Name LAWSON, RALPH E Name WORLEY, ELIZABETH A

Address 6855 RED ROAD #600 Address C/O 9401 BISCAYNE BOULEVARD

City-State-Zip: CORAL GABLES FL 33143 City-State-Zip: MIAMI SHORES FL 33138

Title D Title PCEO

Name FARREY, BUD MR. Name CATANIA, JOSEPH M

Address 1315 BAY TERRACE Address C/O 4790 NORTH STATE ROAD 7

City-State-Zip: NORTH BAY VILLAGE FL 33141 City-State-Zip: LAUDERDALE LAKES FL 33319

Title AS Title ASST. SECRETARY

Name MARIN, TOMAS Name FITZGERALD, J PATRICK ESQ.

Address C/O 1400 MILLER ROAD Address 110 MERRICK WAY

SUITE 3B

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M CATANIA

**PRESIDENT** 

03/26/2018