

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

03-06-2002 90030 021 ****70.00

DOCUMENT # N95000000905

1. Entity Name

FAMILY APPROACH TO CHILD ENRICHMENT, INC.

Principal Place of Business 301 N.W. 9TH STREET MIAMI FL 33136	Mailing Address 301 N.W. 9TH STREET MIAMI FL 33136
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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



DO NOT WRITE IN THIS SPACE

58-5236020

4. FEI Number 58-5236020	APPLIED FOR <input checked="" type="checkbox"/>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PETERSON, WALTER
8517 CLARIDGE DRIVE
MIRAMAR FL 33025

7. Name and Address of New Registered Agent
 Name: **Beckwith, Franklin**
 Street Address (P.O. Box Number is Not Acceptable): **1580 N.W. 55th Terrace**
 City: **Miami Florida FL** Zip Code: **33142**

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: *Franklin P. Beckwith* DATE: **2/21/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME D PETERSON, WALTER H	<input type="checkbox"/> Delete
STREET ADDRESS 8517 CLARIDGE DRIVE CITY-ST-ZIP MIRAMAR FL 33025	
TITLE NAME D BETHEL, LAURA	<input type="checkbox"/> Delete
STREET ADDRESS 1720 N.E. 138TH STREET CITY-ST-ZIP MIAMI FL 33181	
TITLE NAME P JOHNSON, JAMES MD	<input type="checkbox"/> Delete
STREET ADDRESS 1745 N.W. 57TH STREET CITY-ST-ZIP MIAMI FL 33142	
TITLE NAME T BECKWITH, FRANKLIN	<input type="checkbox"/> Delete
STREET ADDRESS 1580 N.W. 55TH TERRACE CITY-ST-ZIP MIAMI FL 33142	
TITLE NAME D POWELL, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS 1816 N.W. 55TH TERRACE CITY-ST-ZIP MIAMI FL 33142	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Pamela Palmer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MIDN.W. 47 Terrace CITY-ST-ZIP MIAMI, FL 33147	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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 617, 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 of Director* DATE: **2/21/02** DAYTIME PHONE: **305-893-1930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR