

FILED
May 24, 2002 8:00 am
Secretary of State

02-25-2002 90521 001 *****8.75
02-25-2002 90521 002 *****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000005078

1. Entity Name
ENID MINISTRY SCHOOL OF NURSING AND TECHNICAL TRAINING, INC

Principal Place of Business Mailing Address
5460 NW 80TH ST TAMARAC FL 33321
8315 NW 80TH ST TAMARAC FL 33321

2. Principal Place of Business 3. Mailing Address
5460 N. St. Rd. 7 5460 N. St. Rd. 7
Suite, Apt. #, etc. Suite, Apt. #, etc.
211 211

City & State FT. Lauderdale Fla. FT. LAUD City & State
Zip 33319 Country Fla. Zip 33319 Country Fla.
4. FEI Number EIN 65-1128425 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
WILSON, MORY 3571 NW 2ND ST FT LAUDERDALE FL 33311
Name ENID HENRIQUES
Street Address (P.O. Box Number is Not Acceptable) 5460 N. St. Rd. 7
FT. LAUD. Fla. 33319
City Fla. FL Zip Code 33319

B. 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 Enid Henriquez 1/18/02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retaking) DATE

FILE NOW: FEE IS \$81.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

Table with 2 columns: OFFICERS AND DIRECTORS (10.) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (11.). Rows include PD HENRIQUES, ENID; TD EDWARDS, MILLCENT; SD REID, WAYNE; and Audley Simon.

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: Enid Henriquez 1/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment

29203

NO1000005078

Attachment #NO1000005078

President ENID HENRIQUES

Vice President Audley Simon

Secretary WAYNE REID

Treasurer Millicent Edwards