

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22172 (3)

1. Corporation Name

UNIVERSAL ACADEMY PRIVATE SCHOOL, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/24/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0138024	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☒ No	

Principal Place of Business		Mailing Address	
21310 NW 37 AVE MIAMI FL 33056 US		21310 NW 37 AVE MIAMI FL 33056 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**TUMPKIN, MARY A.
21310 NW 37 AVE
MIAMI FL 33056**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCOY, FRANK	1.2 NAME	
STREET ADDRESS	2285 NE 172 ST #8	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH FL	1.4 CITY - ST - ZIP	
TITLE	MT	2.1 TITLE	☐ Change ☐ Addition
NAME	COBB, BARBARA B	2.2 NAME	
STREET ADDRESS	840 S BISCAYNE RIVER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, THERESA	3.2 NAME	
STREET ADDRESS	18720 NW 7TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JOHNNIE	4.2 NAME	
STREET ADDRESS	2100 NW 173 TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, FRANCINE G.	5.2 NAME	
STREET ADDRESS	8700 SHERMAN CIR N, #208	5.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MASSAQUOI, GWENN	6.2 NAME	
STREET ADDRESS	2211 SW 43 WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gwenn Massaquoi
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
GWENN MASSAQUOI

4-25-95 (305) 624-4971
Date (Typed Name)