

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006331

1. Entity Name

CENTER FOR CREATIVE EDUCATION, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90082 010 ****69.75

0049617

| | | | |
|--|---------|--|---------|
| Principal Place of Business | | Mailing Address | |
| 3359 BELVEDERE ROAD SUITE S WEST PALM BEACH FL 33406 | | 3359 BELVEDERE RD SUITE S WEST PALM BEACH FL 33406 US | |
| 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

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| RONQUILLO, ELENA 3359 BELVEDERE ROAD SUITE S WEST PALM BEACH FL 33406 | | Name: THOMAS PILECKI Street Address (P.O. Box Number is Not Acceptable): 3359 Belvedere Rd, Suite S City: WEST PALM BCH FL Zip Code: 33406 | |

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: *Thomas J. Pilecki* THOMAS PILECKI, EXECUTIVE DIRECTOR 01/08/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|-----------------------------|--|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|--|

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|--|--|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELL, BETTY 2422 24TH LANE WEST PALM BEACH FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, BECKY B CPA 4400 PGA BLVD., SUITE 400 PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KENN KARAKUL 754 SOUTH COUNTY Rd. PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RONQUILLO, ELENA 3359 BELVEDERE ROAD, SUITE S WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director THOMAS PILECKI 3359 Belvedere Rd, Suite S WEST PALM BCH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEAVER, BONNIE B 103 ELWA PLACE WEST PALM BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEVENS, KARLENE 1655 PALM BEACH LAKES BLVD STE 1012 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Thomas J. Pilecki* THOMAS PILECKI, EXECUTIVE DIRECTOR 01/08/01 561-687-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)