

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90064 045 ****70.00

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1. Entity Name

SUCCESS FOR ALL LEARNING ACADEMY, INC.

Principal Place of Business

Mailing Address

2832 NE 24 CT.
 FT. LAUDERDALE FL 33305

2832 NE 24 CT.
 FT. LAUDERDALE FL 33305-2820

2. Principal Place of Business

3. Mailing Address
2832 N.E. 24 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. Lauderdale, FL.

4. FEI Number

31-1655 952

Applied For

Not Applicable

Zip

Country

Zip
33305-2820 Country
U.S. A.

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

KERN, DEBRA
 2832 NE 24 CT.
 FT. LAUDERDALE FL 33305

Name
Kern, Debra

Street Address (P.O. Box Number is Not Acceptable)
2832 N.E. 24 CT.

City
FT. Lauderdale FL Zip Code
33305

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 **Debra Kern**

Debra Kern

02/23/00

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Debra Kern 2832 N.E. 24 CT. FT. Lauderdale, FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Toni Acocella 407 S. E. 6th St. Dania, FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Toni Acocella 407 S. E. 6th St. Dania, FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cindy Phillips	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P President Debra Kern 2832 N.E. 24th Ct. FT. Lauderdale, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vice-President Toni Acocella 407 S.E. 6th St. Dania, FL 33004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Scott Ph.D 777 Glades Rd. Boca Raton, FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Treasurer Richard Kern 2832 N.E. 24 CT. FT. Lauderdale, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary Cindy Phillips 447 N.W. 73rd Ave. Plantation, FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Starin Ph.D 318 Indian Trace, Suite 424 Weston, FL 33326	<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)(l), 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: **Debra Kern** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Debra Kern** DATE **02/23/00** DAYTIME PHONE # **(954) 564-4096**

CR2E037 (9/99)