

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
May 03, 2000 8:00 am
Secretary of State

01-28-2000 90135 011 ****61.25

DOCUMENT # N99000003854

1. Entity Name

ETA NU EDUCATION FOUNDATION, INC.

Principal Place of Business

921 N.W. 6TH ST.
 POMPANO BEACH FL 33061

Mailing Address

P.O. BOX 547
 POMPANO BEACH FL 33061-0547

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0931808

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRELL, HARRY B
7498 N.W. 48TH ST.
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (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	<i>DIRECTOR</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>HARRY B. HARRELL</i>		NAME		
STREET ADDRESS	<i>7498 N.W. 48TH ST.</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>LAUDERHILL, FL 33319</i>		CITY-ST-ZIP		
TITLE	<i>Director</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Joseph Smith</i>		NAME		
STREET ADDRESS	<i>1501 N.W. 3rd Way</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>POMPANO BEACH, FL 33060</i>		CITY-ST-ZIP		
TITLE	<i>TRUSTEE</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Melvin Davis</i>		NAME		
STREET ADDRESS	<i>2430 N.W. 9th St.</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Fort Lauderdale, FL 33311</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00 *954-522-5046*
 Date Daytime Phone #

CR2E037 (9/99)