

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90001 022 \*\*\*\*61.25

**DOCUMENT # N99000007323**

1. Entity Name

**THE VICTORY SCHOOL, INC.**

Principal Place of Business

Mailing Address

C/O BARRY A. NELSON  
 19495 BISCAYNE BLVD., STE. 609  
 AVENTURA FL 33180

C/O BARRY A. NELSON  
 2775 Sunny Isles Blvd- #118  
 North Miami Beach, FL  
 33160

2. Principal Place of Business

2775 SUNNY ISLES BLVD

3. Mailing Address

2775 SUNNY ISLES BLVD

Suite, Apt. #, etc.  
 STE 118

Suite, Apt. #, etc.  
 STE 118

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-0968171

Applied For

Not Applicable

Zip 33160

Country USA

Zip 33160

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, BARRY A  
 19495 BISCAYNE BLVD., STE. 609  
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2775 SUNNY ISLES BLVD STE 118

City

NORTH MIAMI BEACH FL

Zip Code

33160

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

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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | VC                           | <input type="checkbox"/> Delete |
| NAME           | SEGAL, MICHAEL               |                                 |
| STREET ADDRESS | 201 S BISCAYNE BLVD STE 3000 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131               |                                 |
| TITLE          | C                            | <input type="checkbox"/> Delete |
| NAME           | NELSON, BARRY A              |                                 |
| STREET ADDRESS | 19495 BISCAYNE BLVD STE 609  |                                 |
| CITY-ST-ZIP    | AVENTURA FL 33180            |                                 |
| TITLE          | T                            | <input type="checkbox"/> Delete |
| NAME           | AIN, CLIFFORD                |                                 |
| STREET ADDRESS | 20764 W. DIXIE HWY.          |                                 |
| CITY-ST-ZIP    | AVENTURA FL 33180            |                                 |
| TITLE          | S                            | <input type="checkbox"/> Delete |
| NAME           | FASS, PAUL                   |                                 |
| STREET ADDRESS | 2999 NE 191 ST STE 230       |                                 |
| CITY-ST-ZIP    | AVENTURA FL 33180            |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | BERMAN, CAROL                |                                 |
| STREET ADDRESS | 2547 JARDIN TERR             |                                 |
| CITY-ST-ZIP    | WESTON FL 33327              |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | BLAIR, LISA                  |                                 |
| STREET ADDRESS | 3282 SW 51ST ST              |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33312     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Judith Nelson               |  |
| STREET ADDRESS | 2775 Sunny Isles Blvd. #118 |  |
| CITY-ST-ZIP    | North Miami Beach, FL 33160 |  |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Mirlene Dubreuzze           |  |
| STREET ADDRESS | 2775 Sunny Isles Blvd. #118 |  |
| CITY-ST-ZIP    | North Miami Beach, FL 33160 |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| 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

*[Date]*  
 Date

*[Phone Number]*  
 Daytime Phone #

CR2037 (9/01)

Attachment 17828  
Document # N99000007323

**BOARD OF DIRECTORS**  
**Attachment to 2002 Uniform Business Report**

Denise Gelblum  
110 South Island  
Golden Beach, FL 33160

Susan Goldstein  
2641 N.E. 47th Street  
Lighthouse Point, FL 33064

Dr. Mark Kaufman  
429 Center Island  
Golden Beach, FL 33160

Wayne Pathman  
Pathman Lewis, P.A.  
One Biscayne Tower  
2 South Biscayne Blvd, Ste #2450  
Miami, FL 33131

Robert Schwartz  
Prudential Securities  
200 South Biscayne Blvd, 3200  
Miami, FL 33131

Marlene Waldfogel  
6886 N.W. 113<sup>th</sup> Avenue  
Parkland, FL 33076

Robert Werner  
3000 Island Blvd., Apt. 3001  
Williams Island, FL 33160

Kenny Young  
Bentley's Luggage Corp.  
3353 N.W. 74th Avenue  
Miami, FL 33122

Wendy Joseph  
2560 N.E. 202 Street  
Aventura, FL 33180

Attachment 17828  
Document # N99000007323

Mr. Scott Altschul  
Northern Trust Bank of Florida, N.A.  
3001 Aventura Boulevard  
Aventura, FL 33180

Bobbi Lickstein  
3802 N.E. 207th Street, #1203  
Aventura, FL 33180

Roselyn Meyer  
19707 North Turnberry Way  
Apt. 22 A&B  
Aventura, FL 33180