

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90281 026 ***61.25



DOCUMENT # N99000007323

1. Entity Name
THE VICTORY SCHOOL, INC.

Principal Place of Business
**2775 SUNNY ISLES BLVD
STE 118
NORTH MIAMI BEACH FL 33160**

Mailing Address
**2775 SUNNY ISLES BLVD
STE 118
NORTH MIAMI BEACH FL 33160**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2775 SUNNY ISLES BLVD
Suite, Apt. #, etc.
SUITE 118

3. Mailing Address
2775 SUNNY ISLES BLVD
Suite, Apt. #, etc.
SUITE 118

City & State
NORTH MIAMI BEACH, FLORIDA

City & State
NORTH MIAMI BEACH, FLORIDA

4. FEI Number **65-0968171**

Applied For
Not Applicable

Zip Country
33160 USA

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33160 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, BARRY A
2775 SUNNY ISLES BLVD
STE 118
NORTH MIAMI BEACH FL 33160**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **W/NOTAR REQUIRED**

2/17/03 305-931-9844

CR2E037 (10/02)