## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **P96000047564** GLOBAL EDUCATION GROUP INC. 02-14-2000 90043 013 \*\*\*150.00 Principal Place of Business Mailing Address 407 LINCOLN RD 407 LINCOLN RD U U V M U U V V SHITE 2-H SUITE 2-H MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-3018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0670665 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michelle-Birch BIRCH, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 17378 SW 139TH CT **MIAMI FL 33177** 1800 Sunset Harbour City Miami Beach Zip Code 33139 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. nted name of egistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DMT ☐ Delete Change ☐ Addition WOHLSTEIN, DANIEL 407 LINCOLN RD 2H STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Delete TITLE Birch, Michelle 1800 Sunset Harbour Drive Change ☐ Addition BIRCH, MICHELLE NAME NAMÉ STREET ADDRESS 17378 SW 139TH CT STREET ADDRESS Miami Beach, FL 33139 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.