

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90216 048 \*\*\*158.75

DOCUMENT # **PA9000085588**

1. Entity Name **INTENSIVE EDUCATIONAL SOLUTIONS, 2**

**1899 N.E. 164th St. N. Miami Beach, 33162**

Principal Place of Business

Mailing Address

**SAME AS ABOVE**

2. Principal Place of Business

3. Mailing Address

**1899 N.E. 164th ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C0043153**

DO NOT WRITE IN THIS SPACE

City & State  
**North Miami Beach**

City & State  
**North Miami Beach**

4. FEI Number **65-0953456**

Applied For  
☒ Not Applicable

Zip  
**33162**

Country  
**DADE**

Zip  
**33162**

Country  
**DADE**

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

**STEVEN M. UDEGGER**  
**18151 N.E. 31st St. #609**  
**North Miami Beach, FL 33162**

**MARTIN C. SOSNICK**  
**1899 N.E. 164th St.**

**North Miami Beach**

**FL**

Zip Code  
**33162**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MARTIN C. SOSNICK</b>	
		<b>DIRECTOR OF MARKETING OPERATION</b>	
		<b>1899 N.E. 164th St. 33162</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>DIRECTOR OF Clinical Administration</b>	
		<b>KAREN OKAENT</b>	
		<b>1899 N.E. 164th STREET</b>	
		<b>NORTH MIAMI BEACH, FL 33162</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>Director of Education/Instruction</b>	
		<b>ELLEN R. UDEGGER</b>	
		<b>1899 N.E. 164th Street</b>	
		<b>North Miami Beach, FL 33162</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>Executive Director</b>	
		<b>STEVEN M. UDEGGER</b>	
		<b>1899 N.E. 164th St</b>	
		<b>NMB, FL 33162</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**STEVEN M. UDEGGER, Executive Director 1/28/00**  
**305 956 3666**

CR2E034 (9/99)