2002 Uniform Business Report (UBR)

Apr 16, 2002 8:00 am Secretary of State P99000042772 DOCUMENT # 1. Entity Name BUILDING EDUCATION CORP. ... 04-16-2002 90066 040 ***155.00 Mailing Address Principal Place of Business 915 MIDDLE RIVER DRIVE STE. 506 915 MIDDLE RIVER DRIVE STE. 506 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 34 EAST LAKE Dr 1534 EAST LAKE UT DO NOT WRITE IN THIS SPACE LAUDERDALE 4. FEI Number Applied For 65-0919071 Not Applicable Country VSA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUTIERREZ, ISAMAR** Street Address (P.O. Box Number is Not Acceptable) 1534 EAST LAKE DRIVE FORT LAUDERDALE FL 33316 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE Delete TITLE DEGWITZ, RICARDO NAME: NAME 915 MIDDLE RIVER DRIVE STE 506 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33304 CITY-ST-ZIP GUTIERREZ ISAMAR Change Addition. 1534 EASTLAKE Dr. FORT LAUDERDALA TITLE □ Delete TITLE **GUTIERREZ, ISAMAR** NAME NAME STREET ADDRESS STREET ADDRESS 915 MIDDLE RIVER DRIVE -STE. 506 FIORIDA . 33316. FORT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP TITLE TD-Delete ☐ Change TITLE Addition NAME --ISAMAR GUTIERREZ STREET ADDRESS STREET ADDRESS 1534 ELANE Dr. FT. LAUDERDA Lee CITY-ST-ZIP FIA 33316-USA TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 justee 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 attachme

CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

CITY-ST-ZIP

FILED