2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# N01000004201

Entity Name: ALTERNATIVE EDUCATION INSTITUTE, INC.

Current Principal Place of Business:

11700 NW 4 ST.
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

11700 NW 4 ST.
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 65-1157306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALLOP, KRISTA
11700 NW 4 ST.
PLANTATION, FL 33325

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: SALLOP, KRISTA M
Address: 11700 NW 4 STREET
City-St-Zip: PLANTATION, FL 33325

Title: D ( ) Change (X) Addition
Name: DECKER, PAMELA
Address: 5071 DAVIE ROAD
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Change (X) Addition
Name: SALLOP, RICHARD
Address: 5071 DAVIE ROAD
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTA M. SALLOP D 04/29/2002

Electronic Signature of Signing Officer or Director — Date