•2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am 8 Secretary of State 304-16-2002 90166 015 500 331712 DOCUMENT # 1. Entity Name VON WEDEL MONTESSORI SCHOOL, INC. Principal Place of Business Mailing Address 11620 N.E. 13TH AVENUE 11820 N.E. 13TH AVENUE NORTH MIAMI FL 33161 NORTH MIAMS FL 33161 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1231080 Not Applicable Zip Country Zip Country \$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 WEDEL, RONALD A. Street Address (P.O. Box Number is Not Acceptable) 11820 N.E. 13TH AVENUE NORTH MIAMI FL 33161 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10 Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its intangible. FILE NOW!!! FEE IS \$150,00 Tax filing requirement and elects to do so: (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TIT) F ☐ Change ☐ Addition WEDEL, RONALD NAME NAME 1665 N.E. 104TH ST. STREET ADDRESS STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME _ _ _ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE . Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 of 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

SIGNATURE:

A. von Wissex Pres 4/5/02 305-893 1893