

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 436159

(8)

1. Corporation Name

KNOBEL PRIVATE SCHOOLS, INC.

Principal Place of Business

**1799 NE 164 STREET
N MIAMI BEACH FL 33162**

Mailing Address

**P.O. BOX 610395
NORTH MIAMI FL 33261
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/17/1973

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1486208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RICKIE KNOBEL
1799 NE 164TH STREET
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name

Rickie Knobel

82 Street Address (P.O. Box Number is Not Acceptable)

11900 Biscayne Blvd Suite 780

83

84 City

North Miami

FL

85 Zip Code
33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
PSD
NAME
KNOBEL, RICKIE
STREET ADDRESS
1799 N.E. 164TH STREET
CITY - ST - ZIP
N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
PSD ☒ Change ☐ Addition
1.2 NAME
KNOBEL, RICKIE
1.3 STREET ADDRESS
11900 Biscayne Blvd Suite 780
1.4 CITY - ST - ZIP
North Miami FL 33181

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rickie Knobel, Pres.

Date

Daytime Phone #

305-894-4688