2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 436159

1. Entity Name

KNOBEL PRIVATE SCHOOLS, INC.

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD.

P.O. BOX 610395

STE. 808 N MIAMI BEACH FL 33181 NORTH MIAMI FL 33261-0395

2. Principal Place of Business

>000 TOWERSIDE TERR

Suite, Apt. #, etc.

SUITE 1002

City & State

MIAMI, FL

Zip 331⁻38

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIE

Country

3. Mailing Address ** *

2000 TOWERSIDE TERR

Suite, Apt. #, etc. SUITE 1002

City & State

MIAMI, FL

¥3138.~

Country

FILED

Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90026 001 ***150.00

DO NOT WRITE IN THIS SPACE

59-1486208

7. Name and Address of New Registered Agent

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICKIE KNOBEL 11900 BISCAYNE BLVD. STE. 808 NORTH MIAMI FL 33181 Name RICKIE KNOBEL

Street Address (P.O. Box Number is Not Acceptable)
2000 TOWERSIDER TERR

4. FEI Number

SUITE 1002

City MIAMI

(NOTE: Registered Agent signature required when reinstating)

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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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

☐ Addition

☐ Addition

Addition

Addition

Addition

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(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSC** TITLE **PSC** TITLE ☐ Delete NAME NAME KNOBEL, RICKIE KNOBEL, RICKIE STREET ADDRESS STREET ADDRESS 11900 BISCAYNE BLVD., STE. 808 2000 TOWERSIDE TERR #1002 CITY-\$T-ZIP CITY-ST-ZIP NORTH MIAMI FL MIAMI, FL 33138-2225 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP TITLE Delete

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> NAME STREET ADDRESS

NAME

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STREET ADDRESS

CITY-ST-ZIP 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 address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR