

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728984

1. Entity Name

B.O.L.D. (BROADER OPPORTUNITIES FOR THE LEARNING)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90008 003 ****61.25

Principal Place of Business

2231 SW 83RD AVE
BOX 546407
SURFSIDE FL 33154
US

Mailing Address

2231 SW 83RD AVE
BOX 546407
SURFSIDE FL 33154-0407
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7410703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRED, STANLEY M
13899 BISCAYNE BLVD.
MIAMI FL 33181

Name

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

City

FL

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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CORPION, CARMEN G.	
STREET ADDRESS	2231 SW 83RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRUDHOMME, PATRICIA	
STREET ADDRESS	598 W. 45TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMITT, EVELYN U.	
STREET ADDRESS	9200 BAY HARBOR TERR	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUKMAN, NAOMI	
STREET ADDRESS	1080 - 93TR ST.	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, ALZETA	
STREET ADDRESS	4750 NW 8TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARON	
STREET ADDRESS	1100 NE 200TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gladys Figueroa	
STREET ADDRESS	1100 Kane Concourse	
CITY-ST-ZIP	Bay Harbor, FL. 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen G. Corpion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

(305) 264-8586

Daytime Phone #

CR2E037 (9/99)