2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 13, 2000 8:00 am DOCUMENT # **F10958 Secretary of State** CONTINUING EDUCATION PROGRAMS, INC. 03-13-2000 90033 050 ***150.00 Principal Place of Business Mailing Address 7480 FAIRWAY DRIVE. SUITE 106 7480 FAIRWAY DRIVE, SUITE 106 MIAMI LAKES FL 33014-6879 MIAMI LAKES FL 33014 0000000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2045681 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOYA, FRANK M.D. Street Address (P.O. Box Number is Not Acceptable) 7480 FAIRWAY DR. STE#106 MIAMI LAKES FL 33014 Zio Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete MOYA, FRANK NAME STREET ADDRESS 7480 FAIRWAY DRIVE, SUITE 106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Change ☐ Addition ☐ Delete TITLE NAME MCNULTY, JOAN NAME STREET ADDRESS STREET ADDRESS 7480 FAIRWAY DRIVE, SUITE 106 CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 an address with all offier like empowered.

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan McNulty

(305) 822–1414

Daytime Phone #