

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90156 035 \*\*\*150.00

**DOCUMENT # F56824**

1. Entity Name

**EDUCATIONAL MANAGEMENT ASSISTANCE, INC.**

Principal Place of Business

20913 ST ANDREWS BLVD STE 58  
 BOCA RATON FL 33433  
 US

Mailing Address

P.O. BOX 812164  
 BOCA RATON FL 33481  
 US

2. Principal Place of Business

**9625 VINEYARD COURT**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

City & State

4. FEI Number **59-2140819**

Applied For

Not Applicable

Zip **33428** Country **USA**

Zip

Country

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

**MASSIALAS, BYRON G.**  
 20913 ST ANDREWS BLVD STE 58  
 BOCA RATON FL 33433

Name **MASSIALAS, BYRON G.**  
 Street Address (P.O. Box Number is Not Acceptable)

**9625 VINEYARD COURT**  
**BOCA RATON FL 33428**

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 **Byron G. Massialas** **BYRON G. MASSIALAS, PRESIDENT** **4-12-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **MASSIALAS, BYRON G**  
 STREET ADDRESS **20913 ST. ANDREWS BLVD. SUITE 58**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **P** ☐ Change ☐ Addition  
 NAME **MASSIALAS, BYRON G**  
 STREET ADDRESS **9625 VINEYARD COURT**  
 CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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 an address, with all other like empowered.

SIGNATURE: **Byron G. Massialas** **BYRON G. MASSIALAS PRES** **4/12/01** **561-482-5886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)