

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90689 045 ***158.75

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F93000002541 ✓
 1. Entity Name
 THE CDL SCHOOL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4101 NW 27th Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 4101 NW 27th Avenue
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, Florida

City & State
 Miami, Florida.

4. FEI Number
 14-1746384

Applied For
 Not Applicable

Zip
 33142

Country
 USA

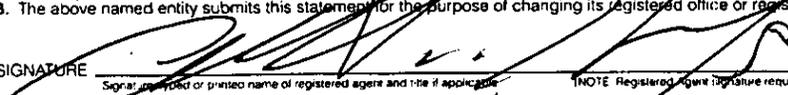
Zip
 33142

Country
 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name Albert V. Hanley III
 Street Address (P.O. Box Number is Not Acceptable)
 4101 NW 27 Avenue
 City Miami FL Zip Code 33142

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  DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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

**January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Hanley, Albert V. III 4101 NW 27 Avenue Miami, FL 33142
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DO NOT WRITE IN THIS SPACE

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 687, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)