

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90124 032 \*\*\*158.75

**DOCUMENT # F95851**

1. Entity Name  
**MERLE J. KRAVETZ, EDUCATIONAL COUNSELOR, INC.**



Principal Place of Business  
**6887 SW 89 TERR  
MIAMI FL 33156  
US**

Mailing Address  
**6887 SW 89 TERR  
MIAMI FL 33156  
US**



2. Principal Place of Business  
**90 Edgewater Drive  
Suite, Apt., etc.  
Apt. 624  
City & State  
Coral Gables, FL  
Zip  
33133  
Country  
USA**

3. Mailing Address  
**90 Edgewater Drive  
Suite, Apt., etc.  
Apt. 624  
City & State  
Coral Gables, FL  
Zip  
33133  
Country  
USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**KRAVETZ, MERLE J.  
6887 SW 89 TERR  
MIAMI FL 33156**

**Kravetz, Merle J.  
90 Edgewater Drive  
Apt. 624  
Coral Gables, FL 33133**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Merle J. Kravetz  
(NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KRAVETZ, MERLE J. 6887 SW 89 TERR MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAVETZ, JEFFREY 6887 SW 89 TERR MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAVETZ, BRIAN 6887 SW 89 TERR MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAVETZ, SCOTT 6887 SW 89 TERR MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAVETZ, MARK 6887 SW 89 TERR MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Merle J. Kravetz SIGNATURE REQUIRED

2/28/03 305 665-9444

DATE Daytime Phone #

CR2E034 (10/02)