

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State
 08-28-2000 90041 029 ****70.00

DOCUMENT # F97000000469 (3)
 1. Entity Name
PARTNERS FOR AMERICAN VOCATIONAL & EDUCATION, INC.

Principal Place of Business Mailing Address
1180 S.W. 159 TERRACE
PEMBROKE PINES, FL. 33027


2. Principal Place of Business 3. Mailing Address
1180 S.W. 159 TERRACE **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PEMBROKE PINES, FL.
 Zip Country Zip Country
33027 **BROWARD**

4. FEI Number Applied For
52-1327303 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEAN GRIFFIN
1180 S.W. 159 TERRACE
PEMBROKE PINES, FL
33027

7. Name and Address of New Registered Agent
 Name **DEAN GRIFFIN**
 Street Address (P.O. Box Number is Not Acceptable)
1180 S.W. 159 TERRACE
 City **PEMBROKE PINES** FL Zip Code **33027**

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  **PRESIDENT DEAN GRIFFIN 8-25-2000**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

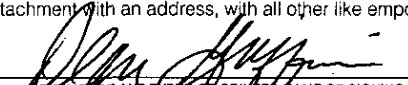
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, CEO	<input type="checkbox"/> Delete
NAME	DEAN GRIFFIN	
STREET ADDRESS	1180 S.W. 159 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	VINCE DORAN	
STREET ADDRESS	315 LORITA LANE	
CITY-ST-ZIP	PITTSBURGH PA 15241	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	WALLACE VOG	
STREET ADDRESS	6023 BEL FAY LANE	
CITY-ST-ZIP	AUSTIN TX 78751	
TITLE	DIRECTOR, V.P.	<input type="checkbox"/> Delete
NAME	NEIL PENNYNITT	
STREET ADDRESS	4029 GREENWOOD ST.	
CITY-ST-ZIP	NEWBURY PARK CA 91320	
TITLE	SEC. TREAS	<input type="checkbox"/> Delete
NAME	ALESSANDRA MOHR	
STREET ADDRESS	1180 S.W. 159 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:  **DEAN GRIFFIN, PRESIDENT 8-25-2000**
 Signature and typed or printed name of signing officer or director Date Daytime Phone # **954-441-7460**

CR2E037 (9/99)