

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004626

1. Entity Name

TECHWORLD PUBLIC CHARTER SCHOOL, INCORPORATED

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90003 030 \*\*\*\*61.25

Principal Place of Business

5026 S.W. 151ST PLACE  
MIAMI FL 33185

Mailing Address

5026 S.W. 151ST PLACE  
MIAMI FL 33185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2082035

Applied For

Not Applicable

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

STRACHAN, DAANEN T  
5026 S.W. 151ST PLACE  
MIAMI FL 33185

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/10/00

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, DEAN	
STREET ADDRESS	5431 WOODLAND BLVD.	
CITY-ST-ZIP	OXON HILL MO 20745	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOORE, JOI	
STREET ADDRESS	330 56TH STREET NORTHEAST	
CITY-ST-ZIP	WASHINGTON DC 20019	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MEISHA	
STREET ADDRESS	401 M STREET S.W., #513	
CITY-ST-ZIP	WASHINGTON DC 20024	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MONTAGUE, TRACY	
STREET ADDRESS	1307 WIGEON COURT	
CITY-ST-ZIP	UPPER MARLBORO MD 20774	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRACHAN, DAANEN	
STREET ADDRESS	5026 S.W. 151ST PLACE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddie Strachan	
STREET ADDRESS	5026 SW 151 Pl. 33185	
CITY-ST-ZIP	MIAMI FL.	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Jordan	
STREET ADDRESS	7630 Biscayne Blvd	
CITY-ST-ZIP	MIAMI FL. 33137	
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00

Date

305-227-1776

Daytime Phone #

CR2E037 (5/00)