

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90097 032 ***150.00

DOCUMENT # H10483

1. Entity Name
THE ACADEMY AT DAVIE INC.



Principal Place of Business
**4850 S PINE ISLAND RD
DAVIE FL 333287
US**

mail to:
**K Nina Kaufman
2735 Avenue Au Soleil
Debray Beach, FL 33483-6133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

2735 Ave. Soleil
**2735 Ave. Au Soleil
Gulf Stream, FL 33483-6133**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2503097**

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

**KAUFMAN, NINA
2735 AVE AU SOLEIL
GULFSTREAM FL 33483**

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

Nina Kaufman

3/25/03

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

(NOTE: Registered Agent signature required when reinstating)

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	PT KAUFMAN, NINA 2735 AVE A SOLED GULFSTREAM FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KAUFMAN, DAVID 2735 AVE AU SOLEIL GULFSTREAM FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

1/10/03

954/614-4496

CR2E034 (10/02)