

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014913

1. Entity Name

EDUCATION CAPITAL GROUP, LLC

APPROVED  
AND  
FILED

01 APR 27 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1000 Brickell Avenue  
Suite 900  
Miami, FL 33131

Mailing Address  
1000 Brickell Ave  
Suite 900  
Miami, FL 33131

2. Principal Place of Business  
1000 Brickell Ave  
Suite, Apt. #, etc.  
920  
City & State  
MIAMI FL  
Zip  
33131  
Country  
USA

3. Mailing Address  
1000 Brickell Ave.  
Suite, Apt. #, etc.  
920  
City & State  
MIAMI FL  
Zip  
33131  
Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Stephen L. Perrone  
1000 Brickell Ave.  
Suite 920  
Miami, FL 33131

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Perrone, Stephen L. 1000 Brickell Avenue, #900 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Perrone, Stephen L. 1000 Brickell Avenue, #920 MIAMI, FL 33131	<input checked="" 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
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
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-05/10/01-01111-010  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

*Stephen L. Perrone* Managing member

4/23/01 305-702-5503