

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90098 027 ***150.00

DOCUMENT # L00888

1. Entity Name

NATIONAL EDUCATION GROUP, INC.

Principal Place of Business

P.O. BOX 811086
 BOCA RATON FL 33481-8086

Mailing Address

P.O. BOX 811086
 BOCA RATON FL 33481-8086

2. Principal Place of Business

P.O. Box 811266

3. Mailing Address

P.O. Box 811266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33481

Country

USA

Zip

33481

Country

USA

4. FEI Number

65-0175680

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

SALAMONE, CHRIS
4800 N FEDERAL HWY
SUITE 302 A
BOCA RATON FL 33431

Name

Chris M. SALAMONE

Street Address (P.O. Box Number is Not Acceptable)

6109 BALBOA Circle

301

City

Boca Raton

FL

Zip Code

33433

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

Chris M. Salamone

4/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPC**
 STREET ADDRESS **SALAMONE, CHRIS M.**
 CITY-ST-ZIP **4800 N FED HWY STE 302-A**
BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
 NAME **D.P.S.C.**
 STREET ADDRESS **Chris M. SALAMONE**
 CITY-ST-ZIP **6109 BALBOA Circle #301**
Boca Raton, FL 33433

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **SALAMONE, ANTHONY**
 CITY-ST-ZIP **4800 N FED HWY STE 302-A**
BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
 NAME **DV**
 STREET ADDRESS **Anthony SALAMONE**
 CITY-ST-ZIP **6145 BALBOA Circle #302**
Boca Raton, FL 33433

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris M. Salamone, President 4/9/01

561-338-0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)