FILED

2002 UNIFORM BUSINESS REPORT (LIBRA

DOCUMENT # L63133 1. Entity Name ASSESSMENT EVALUATIONS, INC.						Jan 18, 2002 8:00 am Secretary of State 01-18-2002 90012 050 ***150.00		
Principal Place of Business * BARRY J. GRUENFELD 1975 E SUNRISE BLVD #602 FT LAUDERDALE FL 33304			Mailing Address * BARRY J. GRUENFELD 1975 E SUNRISE BLVD #602 FT LAUDERDALE FL 33304					
2. Principal Place of Business GTI W. JUNCIE TLVD. Suite, Apt. #, etc. SUITE 20 T City & State			3. Mailing Address F77 W. SUMAIF BLVD. Suite, Apt. #, etc. SUTE 205			DO NOT WRITE IN THIS SPACE		
PLANTATION, FLORIDA			City & State PLANTATION, FLORET DA			65-0188915		Applied For Not Applicable
Zip 3331		Country VSA	33313	Country	5	. Certificate of Status Desired	\$8.75 Fee Req	Additional uired
	6. Name	and Address of Current Re	egistered Agent	Name	7.	. Name and Address of New Regist	ered Agent	
GRUENFELD, BARRY J. 1975 E SUNRISE BLVD SUITE 602 FT LAUDERDALE FL 33304 8. The above named entity submits this statement for the purpose of changing its residual and the purpose of changing its resi				Culty PLANT s registered office o	205 MITON registered a	DENT/ 1/9	FL Zigg	जी देव
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, 2002 Fee will be \$550.00 Make Check Payable to Department of State		00 550.00 t of State	10. Election Campaign Financing Trust Fund Contribution.	☐ Ād	.00 May Be ded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND DIE LD, BARRY J. INRISE BLVD #602 RDALE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6971 W	ADDITIONS/CHANGES TO OFFICERS J. JUNITE BLVD, FUTE 20 T3313	Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information enobled with this	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	odio O	119.07(3)(i). Florida Statutes I furthe	☐ Change	

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: