

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L87443**1. Entity Name  
**ACADEMIA INC.****Principal Place of Business**

13953 SW 66 ST #B910

MIAMI  
331832241

FL

**Mailing Address**

13953 SW 66 ST #B910

MIAMI  
331832241

FL

**2. Principal Place of Business****3. Mailing Address**

13953 SW 66 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
B910

City &amp; State

City &amp; State

MIAMI

FL

Zip

Country

Zip

Country

331832241

**4. FEI Number****19-1566648**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MANDAKOVIC, TOMISLAV  
13953 SW 66TH STREET B 910MIAMI  
33183

FL

**7. Name and Address of New Registered Agent**

Name

MANDAKOVIC TOMISLAV

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

13953 SW 66TH STREET

B 910

City  
MIAMI

FL

Zip Code  
33183

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 **TOMISLAV MANDAKOVIC****09/11/2001**

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 P ☐ Delete  
NAME MANDAKOVIC, TOMISLAV  
STREET ADDRESS 13953 SW 66TH STREET  
CITY-ST-ZIP MIAMI FLTITLE DR ☒ Change ☐ Addition  
NAME MANDAKOVIC TOMISLAV  
STREET ADDRESS 13953 SW 66TH STREET B-910  
CITY-ST-ZIP MIAMI FL 33183TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: TOMISLAV MANDAKOVIC**

DR

09/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)