

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # L980000002083**

1. Entity Name

**CHARTER SCHOOLS USA, L.C.**

Principal Place of Business <b>2500 NORTH FEDERAL HIGHWAY, SUITE 100</b> <b>FORT LAUDERDALE FL 33305</b>	Mailing Address <b>2500 NORTH FEDERAL HIGHWAY, SUITE 100</b> <b>FORT LAUDERDALE FL 33305</b>
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2. Principal Place of Business <b>6245 NORTH FEDERAL HIGHWAY</b>	3. Mailing Address <b>6245 NORTH FEDERAL HIGHWAY</b>
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Suite, Apt. #, etc. <b>FIFTH FLOOR</b>	Suite, Apt. #, etc. <b>FIFTH FLOOR</b>
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City & State <b>FORT LAUDERDALE FL</b>	City & State <b>FORT LAUDERDALE FL</b>
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Zip <b>33308</b>	Country	Zip <b>33308</b>	Country
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4. FEI Number <b>65-0872459</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**POZZUOLI EDWARD**  
**110 S.E. 6TH STREET, 15TH FLOOR**  
**FORT LAUDERDALE FL 33301 US**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

**04/25/2000**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARINER JONATHAN 2500 NORTH FEDERAL HIGHWAY, SUITE 100 FORT LAUDERDALE FL 33305</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RYAN SHERRY M 2500 NORTH FEDERAL HIGHWAY, SUITE 100 FORT LAUDERDALE FL 33305</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAGE JONATHAN K 2500 NORTH FEDERAL HIGHWAY, SUITE 100 FORT LAUDERDALE FL 33305</b>	<input type="checkbox"/> Delete
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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"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAGE JONATHAN K 6245 NORTH FEDERAL HIGHWAY, FIFTH FLOOR FORT LAUDERDALE FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHARTER SCHOOLS USA, INC. 6245 NORTH FEDERAL HIGHWAY, FIFTH FLOOR FORT LAUDERDALE FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.