## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am \$ Secretary of State DOCUMENT # M13744 1. Entity Name CHILDRENS EDUCATIONAL ENTERPRISES INC. Principal Place of Business Mailing Address % NEAL HAMEL % NEAL HAMEL 8000 S.W. 112 ST. 8000 S.W. 112 ST. MIAMI FL 33156-3722 MIAMI FL 33156-3722 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2532673 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMEL, NEAL Street Address (P.O. Box Number is Not Acceptable) 8000 S.W. 112 ST. MIAMI FL 33156 City Zip Code F١ 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE Delete TITLE ☐ Change Addition HAMEL, FRANCINE L.S. NAME NAME STREET ADDRESS 8000 SW 112 ST STREET ADDRESS 33156 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP **VTD** TITLE ☐ Delete TITLE Addition Change HAMEL, NEAL NAME NAME STREET ADDRESS 8000 SW 112 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address,

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

Attachment

#M13744

To Whom It May Concern:

5/15/02

I apologize for the lateness of this report. It is the first time I have been late in 20 years. I was informed by an operator at the Division of Corp. to send in the report with a check for \$150, and the reason for lateness.

I traveled to Boston at the end of April, beginning of May, because my father has congestive heart failure and in my hurry to leave I forgot to mail this report.

I hope you will forego the \$400. late fee. I thank you for your understanding.

Sincerely,