

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000002362**

1. Entity Name

**PUBLIC EDUCATION PARTNERSHIP, INC.**

FILED

01 OCT -1 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

18800 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180

Mailing Address

18800 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-0998891

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANTEL, VICTOR  
2020 NE 163RD STREET  
SUITE 208  
NORTH MIAMI BEACH FL 33182

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)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KARR, RUSSELL  
STREET ADDRESS 1 S.E. 3RD AVENUE SUITE 1800  
CITY-ST-ZIP MIAMI FL 33131TITLE D ☐ Delete  
NAME MILLER, GARY  
STREET ADDRESS 100 S.E. 2ND ST. 3800 NATIONSBANK TOWER  
CITY-ST-ZIP MIAMI FL 33131TITLE D ☐ Delete  
NAME WILLINGER, SCOTT  
STREET ADDRESS 8180 N.W. 36 STREET SUITE 100  
CITY-ST-ZIP MIAMI FL 33188TITLE D ☐ Delete  
NAME MANTEL, VICTOR  
STREET ADDRESS 2020 N.E. 163RD STREET SUITE 208  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33182TITLE D ☐ Delete  
NAME NEMSER, SARA  
STREET ADDRESS 18999 BISCAYNE BLVD. SUITE 204  
CITY-ST-ZIP AVENTURA FL 33180TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME NEMSER, SARA  
STREET ADDRESS 19032 NE 29 AVE  
CITY-ST-ZIP Aventura, FL 33180TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01 3059320053

Date

Daytime Phone #

CR2E037 (5/01)