

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90109 018 ****61.25

DOCUMENT # N00000005144

1. Entity Name

MIAMI BEACH EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O LAW OFFICE OF S. DAVID SHEFFMAN
 1111 LINCOLN RD., #802
 MIAMI BEACH FL 33139

C/O LAW OFFICE OF S. DAVID SHEFFMAN
 1111 LINCOLN RD., #802
 MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 403226

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach, FL

4. FEI Number

31-1735967

Applied For

Not Applicable

Zip

Country

Zip

Country

33140

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEFFMAN, S. DAVID
1111 LINCOLN RD., #802
MIAMI BEACH FL 33139

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLER, LESLIE	
STREET ADDRESS	5301 LAGROCE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDIAVILLA, MAIA	
STREET ADDRESS	1681 79TH ST. CAUSEWAY	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLKER, DANNY	
STREET ADDRESS	3060 ALTON RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am empowered.

SIGNATURE: *Leslie Collier* **REQUIRE** **Leslie Collier** **2/26/02** **305-532-6844**

CR2E037 (9/01)