

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005144

1. Entity Name

MIAMI BEACH EDUCATION FOUNDATION, INC.



Principal Place of Business

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

Mailing Address

PO BOX 403226
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1735967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	COLLER, LESLIE	
STREET ADDRESS	5301 LAGROCE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☒ Delete
NAME	MEDIAVILLA, MAIA	
STREET ADDRESS	1681 79TH ST. CAUSEWAY	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	D	☒ Delete
NAME	KOLKER, DANNY	
STREET ADDRESS	3060 ALTON RD.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	☐ Delete
NAME	Niceley Shelly Groff	
STREET ADDRESS	PO Box 403226	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	☐ Delete
NAME	Kate Ramos	
STREET ADDRESS	PO Box 403226	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/03
11063

305-588-7503
305-873-1422

CR2E037 (10/02)



Miami Beach Education Foundation, Inc.
P.O. Box 403226
Miami Beach, Florida 33140
(305) 532-6844

attachment

#N000000005144

58009597

February 18, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

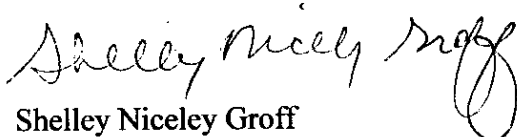
Re: Miami Beach Education Foundation, Inc.
Reference Number: N00000005144

Dear Sir/Madam:

In response to your letter dated January 21, 2003, enclosed please find the 2003 Not-For-Profit Uniform Business Report of the above corporation, which has been modified in accordance with your letter. It is our understanding that the UBR is now acceptable for filing. If, however, this is not the case, please let me know.

Thank you for your assistance.

Sincerely,


Shelley Niceley Groff