

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006003

FILED
May 06, 2002 8:00 AM
Secretary of State

Entity Name: CAMBRIDGE ADMINISTRATION PARENTS AND STUDENTS, INC.

Current Principal Place of Business:

18055 NW 8TH ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18055 NW 8TH ST.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1045446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOOD, THERESE
18204 SW 20TH ST.
MIRAMAR, FL 33029

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAMOND, MARTY
Address: 17325 SW 31 COURT
City-St-Zip: MIRAMAR, FL 33029

Title: M () Delete
Name: CHERYL, LOCKE
Address: 15921 SW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: P/D () Delete
Name: WHITE, KAREN
Address: 19307 NW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: T/D () Delete
Name: ELENORA, RAMOS
Address: 1220 SW 177TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S/D () Delete
Name: HOOD, THERESE
Address: 18204 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOCKE, CHERYL
Address: 15921 SW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V (X) Change () Addition
Name: HOOD, THERESE
Address: 18204 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33029 US

Title: S/D (X) Change () Addition
Name: VLASERVICH, CINDY
Address: 3620 SW 185TH AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

Title: D (X) Change () Addition
Name: MARIE, PINO
Address: 1551 N. HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change () Addition
Name: LOWE, ELLEN
Address: 1918 SW 175 AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL LOCKE

P

05/06/2002

Electronic Signature of Signing Officer or Director

Date