

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006411****1. Entity Name**

LEARNING EXCELLENCE FOUNDATION OF SOUTH PALM BEACH, INC.

Principal Place of BusinessC/O HARRY J. FRIEDMAN
1221 BRICKELL AVENUE
MIAMI
33131

FL

Mailing AddressC/O HARRY J. FRIEDMAN
1221 BRICKELL AVENUE
MIAMI
33131

FL

2. Principal Place of Business

C/O KEITH J. BLUM

3. Mailing Address

C/O KEITH J. BLUM

Suite, Apt. #, etc.

100 S.E. 2ND STREET, 28TH FLOOR

Suite, Apt. #, etc.

100 S.E. 2ND STREET, 28TH FLOOR

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33131

Country

US

Zip

33131

Country

US

4. FEI Number

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS

103 N. MERIDIAN STREET, LOWEL LEVEL

TALLAHASSEE

32301

FL

US

7. Name and Address of New Registered Agent

Name

KTG&S REGISTERED AGENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

BANK OF AMERICA TOWER, 100 S.E. 2ND STREET

28TH FLOOR

City

MIAMI

FL

Zip Code

33131

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 **KEITH J. BLUM****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☒ Addition
NAME	D/T
NAME	LAWSON CRAIG
STREET ADDRESS	100 S.E. 2ND STREET, 28TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	☐ Change ☒ Addition
NAME	D/S
NAME	BILBAO MARIA
STREET ADDRESS	100 S.E. 2ND STREET, 28TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	☐ Change ☒ Addition
NAME	D/P
NAME	DODGE CHARLES
STREET ADDRESS	100 S.E. 2ND STREET, 28TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
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)(f), 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: Charles Dodge

D/P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)