

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006449****1. Entity Name**

LEARNING EXCELLENCE FOUNDATION OF TAMPA, INC.

**Principal Place of Business**C/O HARRY J FRIEDMAN  
1221 BRICKELL AVE  
MIAMI  
33131

FL

**Mailing Address**C/O HARRY J FRIEDMAN  
1221 BRICKELL AVE  
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 &amp; State

MIAMI

FL

City &amp; 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 AGENT

103 N MERIDIAN ST

LOWER LEVEL

TALLAHASSEE

32301

US

FL

**7. Name and Address of New Registered Agent**

Name

KTG&amp;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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/T
NAME	TRUVILLION ERIC
STREET ADDRESS	100 S.E. 2ND STREET
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/S
NAME	WELCH MINDY
STREET ADDRESS	100 S.E. 2ND STREET, 28TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P
NAME	BROMIR ALEX
STREET ADDRESS	100 S.E. 2ND STREET, 28TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Alex Bromir

D/P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)