

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001085

1. Entity Name

CAREER PATHS, INC.

FILED  
Jul 29, 2002 8:00 am  
Secretary of State

07-29-2002 90008 034 \*\*\*\*70.00

Principal Place of Business

Mailing Address

12350 SW 285 STREET  
HOMESTEAD FL 33033

12350 SW 285 STREET  
HOMESTEAD FL 33033

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

65-1087782

Applied For

Not Applicable

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

SCHANTZ, MARGUERITE  
12350 SW 285 STREET  
HOMESTEAD FL 33033

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

After September 13, 2002,  
min. will be \$236.25.

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  
NAME  
D LARSON, ROY ☐ Delete  
STREET ADDRESS  
2277 SE 27 DRIVE  
CITY-ST-ZIP  
HOMESTEAD FL 33035

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D SCHANTZ, MARGUERITE ☐ Delete  
STREET ADDRESS  
1315 S. FIELDLARK LANE  
CITY-ST-ZIP  
HOMESTEAD FL 33035

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D KURUPACHERY, BAVOO ☐ Delete  
STREET ADDRESS  
1712 NE 8 STREET  
CITY-ST-ZIP  
HOMESTEAD FL 33033

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition  
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TITLE  
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☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
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:

*Marguerite Schantz*

7/15/02 305-257-4800

CR2E037 (4/02)