

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001396

FILED
Jul 11, 2002 8:00 AM
Secretary of State

Entity Name: COMMUNITY REBUILDING EDUCATIONAL TRAINING CENTER CORPORATION

Current Principal Place of Business:

8240 NORTHWEST 51ST STREET
LAUDERHILL, FL 33351

New Principal Place of Business:

5100 WASHINGTON STREET
UNIT 514
HOLLYWOOD, FL 33021

Current Mailing Address:

5100 WASHINGTON STREET
UNIT 514
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-1080879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

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: PTD () Delete
Name: WELLS, BETTY E
Address: 8240 NORTHWEST 51ST STREET
City-St-Zip: LAUDERHILL, FL 33351

Title: SVD () Delete
Name: BATTAGLIA, MARY
Address: 8240 NORTHWEST 51ST STREET
City-St-Zip: LAUDERHILL, FL 33351

Title: D () Delete
Name: BATTAGLIA, BENITA
Address: 8240 NORTHWEST 51ST STREET
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETTY E. WELLS

DR.

07/11/2002

Electronic Signature of Signing Officer or Director

Date