

FILED  
May 21, 2002 8:00 am  
Secretary of State

04-03-2002 90006 047 \*\*\*\*70.00

NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO1000003923**  
1. Entity Name  
**Tri Tech Prep School**

28297



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1515 NW 167<sup>TH</sup> ST.</b>		3. Mailing Address <b>1515 NW 167<sup>TH</sup> ST</b>	
Suite, Apt. #, etc. <b>SUITE 150</b>		Suite, Apt. #, etc. <b>SUITE 150</b>	
City & State <b>Miami, FLORIDA</b>		City & State <b>Miami, FLORIDA</b>	
Zip <b>33169</b>	Country <b>USA</b>	Zip <b>33169</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1113051</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
7. Name and Address of Current Registered Agent		
Name <b>Petrena Trice</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>16950 N. Bay Rd</b>		
<b># 808</b>		
City <b>Miami</b>	FL	Zip Code <b>33060</b>

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IN THIS SPACE

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 *Petrena Trice* DATE 3/19/02

Signature, typed or printed name of registered agent and (UBR if applicable). (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Trezavieur Wallace</b> <b>16950 N. Bay Rd # 808</b> <b>Miami, FLA 33060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Jennifer Miller</b> <b>851 Rockingham Rd</b> <b>Lakeland, FLA 33809</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Petrena Trice</b> <b>16950 N. Bay Rd # 808</b> <b>Miami, Florida</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Valeria Bridges-Morgan</b> <b>952 NW 87 St</b> <b>Miami, FLA 33150</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennifer Miller* DATE 3/19/02 (863) 859-0010

Signature and typed or printed name of signing officer or director (Date) Daytime Phone #

CR2E037B (12/01)