

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

S/1

05-01-2003 90394 032 ****70.00

DOCUMENT # N01000006949

1. Entity Name

THE HAILE SELASSIE I LEARNING CENTER, INC.



Principal Place of Business

260 N.W. 47TH ST.
MIAMI FL 33127

Mailing Address

260 N.W. 47TH ST.
MIAMI FL 33127

33047574

2. Principal Place of Business

5531 NW 10th Ave.

3. Mailing Address

5531 NW 10th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number 65-1149407

Applied For

Not Applicable

Zip 33127

Country

USA

Zip 33127

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, WAYNE
260 N.W. 47TH ST.
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name Carmichael, Wayne
Street Address (P.O. Box Number is Not Acceptable)

5531 NW 10th Ave.

City Miami

FL

Zip Code

33127

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

WAYNE CARMICHAEL

[Signature]

4/26/03

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

(NOTE: Registered Agent signature required when reinstating)

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEAVER, TREESEY
STREET ADDRESS 5531 N.W. 10TH AVE.
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE D
NAME CARMICHAEL, WAYNE
STREET ADDRESS 260 N.W. 47TH ST.
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE D
NAME WENDEL, PALMER
STREET ADDRESS 3820 S. LAKE TERR.
CITY-ST-ZIP MIRAMAR FL 33023 ☒ Delete

TITLE *[Signature]*
NAME *[Signature]*
STREET ADDRESS *[Signature]*
CITY-ST-ZIP *[Signature]* ☐ Delete

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
STREET ADDRESS
CITY-ST-ZIP

TITLE Carmichael, Wayne ☒ Change ☐ Addition
NAME 5531 NW 10th Ave.
STREET ADDRESS Miami, FL 33127
CITY-ST-ZIP

TITLE D
NAME Dixon, Ethel ☐ Change ☒ Addition
STREET ADDRESS 5531 NW 10th Ave.
CITY-ST-ZIP Miami, FL 33127

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)(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:

(Signature)

04/26/03

(305) 757-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)