

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000712

1. Entity Name
SANDOR WIENER SCHOOL OF OPPORTUNITY, INC.



Principal Place of Business
**5555 BISCAYNE BLVD
MIAMI, FL 33137**

Mailing Address
**5555 BISCAYNE BLVD
MIAMI, FL 33137**



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3614379** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MESSER, MICHAEL
5555 BISCAYNE BLVD
MIAMI, FL 33137**

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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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SALAZAR-REALINI, HELEN
STREET ADDRESS 5555 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

TITLE VD
NAME KIRSH, WILLIAM DR.
STREET ADDRESS 5555 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

TITLE STD
NAME WIENER, LARRY
STREET ADDRESS 5555 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000184007
01/20/05-80013-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05
Date

Daytime Phone #