# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02000000712

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

| Principal Place of Business | Mailing Address |
|---|---|
| 5555 BISCAYNE BLVD<br>MIAMI, FL  33137 | 5555 BISCAYNE BLVD<br>MIAMI, FL  33137 |

## DO NOT WRITE IN THIS SPACE

04222008  No Chg-NP          CR2E037 (4/06)

| 4. FEI Number | Applied For |
|---|---|
| 04-3614379 | 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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**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

| **Filing Fee is $61.25**<br>**Due by May 1, 2008** | **9.** Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | U000000930856<br>05/21/08-80126-001  70.00 |
|---|---|---|---|

**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 | D |
| NAME | BETHANY, SANDS |
| 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 | |

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:          4/22/08          30S-759-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #