## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000005532

Entity Name: THE COLLEGIATE LEARNING EXCHANGE INC.

FILED Feb 05, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2755 N. BAY RD. MIAMI BCH, FL 33140 **Current Mailing Address: New Mailing Address:** 2755 N. BAY RD MIAMI BCH, FL 33140 FEI Number: 02-0637274 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALBUT, ABRAHAM 999 WASHINGTON AVE. MIAMI BCH, FL 33139 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete KURLANSKY, PAUL KURLANSKY, PAUL Name: Name: 2755 N. BAY RD. Address: 2755 N. BAY RD. Address: City-St-Zip: MIAMI BCH, FL 33140 City-St-Zip: MIAMI BCH, FL 33140 Title: Title: (X) Change ( ) Addition ( ) Delete Name: BELEFER, BENJAMIN Name: BELEFER, BENJAMIN Address: 1321 NW 14TH ST., SUITE 202 Address: 1321 NW 14TH ST., SUITE 202 City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125 Title: () Delete Title: () Change () Addition COIFFMAN, BERNARDO Name: Name: 4259 NAUTILUS DR. Address: Address: City-St-Zip: MIAMI BCH, FL 33140 City-St-Zip: Title: ( ) Delete Title: () Change () Addition FOX, JEFFRÈÝ Name: Name: Address: 270 W. 35TH ST. Address: City-St-Zip: MIAMI BCH, FL 33140 City-St-Zip: Title: () Delete Title: () Change () Addition GALBUT, ABRAHAM A Name: Name: 999 WASHINGTON AVE. Address: Address: City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition GREENSTEIN, MEL Name: Name: Address: 5990 SW 130TH TERR. Address: MIAMI, FL 33156 City-St-Zip: 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: PAUL KURLANSKY DP 02/05/2003

GARY YARUS, DIRECTOR/TREASURER 330 WEST 46TH STREET MIAMI BEACH, FLORIDA 33140

MARK POMPER, DIRECTOR/SECRETARY 505 WEST 47TH STREET MIAMI BEACH, FL 33140