

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

FILED
Jul 23, 2003 8:00 am
Secretary of State

0006412

DOCUMENT # N02000007794

1. Entity Name

THE SPECIAL ED ADVOCATE, INC.



07-23-2003 90055 010 ****61.25

Principal Place of Business
1234 NW 179TH TERR
PEMBROKE PINES FL 33029

Mailing Address
1234 NW 179TH TERR
PEMBROKE PINES FL 33029

2. Principal Place of Business
1234 NW 179 Terrace
Suite, Apt. #, etc.

3. Mailing Address
1234 NW 179 Terrace
Suite, Apt. #, etc.

City & State
Pembroke Pines FL
Zip
33029
Country
USA

City & State
Pembroke Pines FL
Zip
33029
Country
USA

4. FEI Number
01-0656553

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
HAUSMAN, HARRY M ESQUIRE
235 N UNIVERSITY DR
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, BETH		NAME		
STREET ADDRESS	1234 NW 179TH TERR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, RONALD H		NAME		
STREET ADDRESS	1234 NW 179TH TERR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSMAN, HARRY M		NAME		
STREET ADDRESS	235 N UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/03 9544380604
Date Daytime Phone #

CR2E037 (4/03)