

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-27-2002 90334 006 ****61.25

002647

DOCUMENT # N04800

1. Entity Name

THE EDUCATION FUND, INC.

Principal Place of Business

Mailing Address

4299 NW 36TH ST.
 STE. 203
 MIAMI FL 33166
 US

4299 NW 36TH ST.
 STE. 203
 MIAMI FL 33166
 US

93179

2. Principal Place of Business

3. Mailing Address

900 N.E. 125th Street
 Suite, Apt. #, etc.
 Suite 10

900 N.E. 125th Street
 Suite, Apt. #, etc.
 Suite 10

City & State
 North Miami, Florida

City & State
 North Miami, Florida

4. FEI Number
 59-2468114

Applied For
 Not Applicable

Zip
 33161

Country
 U.S.

Zip
 33161

Country
 U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAATTAMA, HENRY H ESQ
 AKERMAN SENTERFIT & EDISON PA
 1 SE 3RD AVE 28TH FLOOR SUNTRUST INTER
 MIAMI FL 33131

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BOD
 KING, STEPHANIE
 15000 S SPUR DR
 MIAMI FL 33161 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 YAROSZ, SUSAN
 1001 BRICKELL BAY DRIVE, STE. 2910
 MIAMI, FLORIDA 33131 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BOD
 LLERENA, MARIA
 444 SW 60 AVE
 MIAMI FL 33144 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LOCKE, BARBARA
 1001 BRICKELL AVENUE
 MIAMI, FLORIDA 33131 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PETREY, LUCY
 MIAMI-DADE CC, 508 CASTANIA AVENUE
 CORAL GABLES FL 33148 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 MENEDEZ, BARBARA
 3400 LAKESIDE DR
 MIRAMAR FL 33027 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 LECHT, LINDA
 4299 NW 36 ST STE 203
 MIAMI FL Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VC
 ROMANI, BARBARA
 8750 DORAL BLVD
 MIAMI FL 33178-2402 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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 OF REGISTERED AGENT
 Linda Lecht

4/24/02 305-892-5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

95717

CR2E037 (9/01)