

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


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90313 008 ****61.25

000495

DOCUMENT # N04800

1. Entity Name
THE EDUCATION FUND, INC.



Principal Place of Business Mailing Address

**900 NE 125TH ST.
STE 10
MIAMI FL 33161
US** **900 NE 125TH ST.
STE 10
MIAMI FL 33161
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **SUITE 110** Suite, Apt. #, etc. **SUITE 110**

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2468114** Applied For
Not Applicable

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

10111493



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAATTAMA, HENRY H ESQ
AKERMAN SENTERFIT & EIDISON 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. I am familiar with, and accept the obligations of registered agent.

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

**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	D <input type="checkbox"/> Delete
NAME	YAROSZ, SUSAN
STREET ADDRESS	1001 BRICKELL BAY DR., STE 2910
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	LOCKE, BARBARA
STREET ADDRESS	701 BRICKELL AVE.
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	PETREY, LUCY
STREET ADDRESS	MIAMI-DADE CC, 508 CASTANIA AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	S <input type="checkbox"/> Delete
NAME	MENEDEZ, BARBARA
STREET ADDRESS	3400 LAKESIDE DR
CITY-ST-ZIP	MIRAMAR FL 33027
TITLE	P <input type="checkbox"/> Delete
NAME	LECHT, LINDA
STREET ADDRESS	4299 NW 36 ST STE 203
CITY-ST-ZIP	MIAMI FL
TITLE	VC <input type="checkbox"/> Delete
NAME	ROMANI, BARBARA
STREET ADDRESS	8750 DORAL BLVD
CITY-ST-ZIP	MIAMI FL 33178-2402

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Linda Lecht Date: 9-2-03 Daytime Phone #: 305-892-5099

CR2E037 (4/03)