

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27585

1. Entity Name

EDUCATIONAL COUNCIL FOR SPACE AGE TECHNOLOGY, IN

Principal Place of Business

Mailing Address

1629 WESTWARD DRIVE  
MIAMI FL 33166

P.O. BOX 661438  
MIAMI FL 33266-1438  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0124732

Applied For

Not Applicable

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

O'NEAL, STEPHEN  
1629 WESTWARD DRIVE  
MIAMI FL 33166

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 CD ☐ Delete  
NAME O'NEAL, STEPHEN  
STREET ADDRESS 5399 N.W. 36TH ST.  
CITY-ST-ZIP MIAMI FL 33166

TITLE CD ☒ Change ☐ Addition  
NAME O'NEAL, STEPHEN  
STREET ADDRESS 1629 WESTWARD DRIVE  
CITY-ST-ZIP MIAMI FL 33166

TITLE PD ☒ Delete  
NAME CASH, MARCIA  
STREET ADDRESS 19825 N.E. 10TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☒ Change ☐ Addition  
NAME O'NEAL, ALEXANDRA  
STREET ADDRESS 1629 WESTWARD DRIVE  
CITY-ST-ZIP MIAMI FL 33166

TITLE PD ☐ Delete  
NAME HEID, FRED  
STREET ADDRESS 7825 N.W. 29TH STREET  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90097 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CFR2037 (9/99)