FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Jul 18, 2001 8:00 am **DOCUMENT # N40733** Secrétary of State 1. Entity Name 07-18-2001 90015 046 ****70.00 TECHNICAL AND PROFESSIONAL CAREERS INSTITUTE, IN Mailing Address 5615 NW 7TH AVE. 1718 MW. 65 ST. 2. Principal Place of Busine 3. Mailing Address 1016 1016 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0229690 miami Not Applicable Country Zip \$8.75 Additional USA 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NADINI Jean-F Street Address (P.O. Box Number is Not Acceptable TAYLOR, MAUREEN ☆ 18 N W 65 STREET MIAMI FL 33147 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE PELSIC TITLE TAYLOR, GENEIVE NAME NAME STREET ADDRESS 1718 NW 65 STREET STREET ADDRESS 016 NW CITY-ST-7IP CITY-ST-7IP MIAMI FL-33147 DVP TITLE TITLE V Delete JEAN-BAPTISTE, NADINE NAME NAME STREET ADDRESS 1718 NW 65 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP TITLE TRESULESE Delete HICKS, CANDICE G STREET ADDRESS 1718 NW 65 STREET STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **MIAMI FL 33147** THILESECRETUS. ☐ Addition TITLE TAYLOR, MAUREEN NAME NAME 1718 NW 65 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP MIAMI FL 33147 TITLE ☐ Addition Delete TITLE Secretion Change TAYLOR, JAMAL NAME NAME 43. STreez STREET ADDRESS <1718 NW 65 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** ☐ Change ☐ Addition D Delete TAYLOR, TIFFANY NAME STREET ADDRESS 1718 NW 65 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** 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:

305 633-0296