

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46323

Entity Name

PARENTS INVOLVED IN EDUCATION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90088 023 ****61.25

Principal Place of Business	Mailing Address
SCHOOL 7 BEACH FL 32967	2556 44TH STREET VERO BEACH FL 32967-1348 US

843006



Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number	Applied For
59-3146886	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent
JACKSON, PEARL 2556 44 ST VERO BEACH FL 32967

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

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
			4/26/2000

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
D JACKSON, PEARL 2556 44TH ST. VERO BEACH FL	<input type="checkbox"/> Delete		
D PHINEZEE, WILLIE M 4805 35TH AVE. VERO BEACH FL	<input type="checkbox"/> Delete		
D WILLIAMS, BERTHA L 4246 31ST AVE. VERO BEACH FL	<input type="checkbox"/> Delete		
D POWELL, ANNIE L 4606 30TH AVE. VERO BEACH FL	<input type="checkbox"/> Delete		
D BUCKNER, LUCILLE 4355 34TH CT. VERO BEACH FL	<input type="checkbox"/> Delete		
D PINKNEY, RACHEL 2820 41ST ST. VERO BEACH FL	<input type="checkbox"/> Delete		

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED		4/26/2000	(561) 569-1030
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CR2E037 (9/99)