5/2/0

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-02-2000 90062 033 ****61.25

DOCUMENT # N94000000089

1. Entity Name

FRIENDS OF PUBLIC EDUCATION, INC.

Principal Place of Business	Mailing Address
ONE S.E. 3RD AVE. SUITE 1450 MIAMI FL 33131	ONE S.E. 3RD AVE. SUITE 1450 MIAMI FL 33131-1714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
North Beach Elementary	North Beach Elementary
Suite, Apt. #, etc. 4100 Praire Ave	Suite, Apt. #, etc. 4100 Praire Ave
City & State Miami Beach FL	City & State Miami Beach FL
Zip 33140 Country USA	Zip 33140 Country USA

4. FEI Number 65-0481047 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

LEIBOWITZ, MATTHEW
ONE S.E. 3RD AVE.
SUITE 1450
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Miranda Kallman
Street Address (P.O. Box Number is Not Acceptable): 4100 Praire Ave.
City: Miami Beach FL Zip Code: 33140

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: J. Deede Weithorn 5-18-00
Miranda Kallman, Miranda Kallman 4-21-00
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	DT WEITHORN, J. DEEDE 1130 STILLWATER DR MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COHEN, MONI 3060 ALTON RD. MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Treasurer Emily Rosenstein 4585 Alton Rd Miami Beach FL. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KRASSNER, SHERRI 2040 N. BAY RD. MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRASSNER, BRAD 2040 N. BAY RD. MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / President Miranda Kallman 631 Island Rd Miami, FL. 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEIBOWITZ, MATTHEW 8 W. RIVO ALTO DR. MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LEIBOWITZ, DEBRA 8 W. RIVO ALTO DR. MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Miranda Kallman 4-21-00 305-673-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

90 Deede

5-18-00