

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000000089

1. Entity Name

FRIENDS OF PUBLIC EDUCATION, INC.

Principal Place of Business

Mailing Address

NORTH BEACH ELEM
4100 PRAIRE AVE
MIAMI BEACH FL 33140

NORTH BEACH ELEM
4100 PRAIRE AVE
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALLMAN, MIRANDA
~~400 PRAIRE AVE~~
MIAMI BEACH FL 33140

c/o Friends of No. Bch
4100 Prairie Ave.

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 D ☐ Delete
NAME WEITHORN, J. DEEDE
STREET ADDRESS 1130 STILLWATER DR
CITY-ST-ZIP MIAMI BEACH FL

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

TITLE DT ☐ Delete
NAME ROSENSTEIN, EMILY
STREET ADDRESS 4586 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE DS ☐ Delete
NAME KRASSNER, SHERRI
STREET ADDRESS 2040 N. BAY RD.
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE DP ☐ Delete
NAME KALLMAN, MIRANDA
STREET ADDRESS 631 ISLAND RD
CITY-ST-ZIP MIAMI FL 33137

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

TITLE D ☐ Delete
NAME LEIBOWITZ, MATTHEW
STREET ADDRESS 8 W. RIVO ALTO DR.
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE DV ☐ Delete
NAME LEIBOWITZ, DEBRA
STREET ADDRESS 8 W. RIVO ALTO DR.
CITY-ST-ZIP MIAMI BEACH FL 33139

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 file empowered.

SIGNATURE:

SIGNATURE REQUIRED Emily Rosenstein

1-7-2001 (305) 531-2974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90073 012 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)