

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005835

1. Entity Name

PARENTS REALLY INVOLVED IN DEAF EDUCATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90061 015 ****70.00

Principal Place of Business

Mailing Address

PO BOX 771121
CORAL SPRINGS FL 33077-1121
US

P.O BOX 7701121
CORAL SPRINGS FL 33077
US

2. Principal Place of Business

3. Mailing Address

PO Box 771121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs FL

Zip

Country

Zip

Country

33077-1121

US

4. FEI Number

NOT APPLICABLE

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

KORN, GARY
BEDZOW KORN & KAN, P.A.
20803 BISCAYNE BLVD., #200
AVENTURA FL 33180

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 P ☐ Delete
NAME HURD, CINDY
STREET ADDRESS 11877 CLASSIC DR.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE S ☒ Change ☐ Addition
NAME Hurd, Cindy
STREET ADDRESS 11877 Classic Dr.
CITY-ST-ZIP Coral Springs, FL 33071

TITLE V ☐ Delete
NAME HARTER, CHERYL
STREET ADDRESS 204 NW 17TH AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE T ☒ Change ☐ Addition
NAME Harter, Cheryl
STREET ADDRESS 204 N.W. 17th Ave.
CITY-ST-ZIP Coral Springs, FL 33071

TITLE T ☐ Delete
NAME GIOELLO, LINA
STREET ADDRESS 5010 NW 77TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE G ☒ Change ☐ Addition
NAME Gibello, Lina
STREET ADDRESS 5010 N.W. 77th Court
CITY-ST-ZIP Pompano Beach, FL 33073

TITLE S ☐ Delete
NAME SWARTZ, YVONNE
STREET ADDRESS 7211 SW 4TH COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE P ☒ Change ☐ Addition
NAME Swartz, Yvonne
STREET ADDRESS 7211 S.W. 4th Court
CITY-ST-ZIP North Lauderdale, FL 33068

TITLE D ☒ Delete
NAME STRONG, EILEEN
STREET ADDRESS 10950 NW 38TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Change ☒ Addition
NAME DUNN-EVANS, LISA
STREET ADDRESS 1693 NW 97th Ter.
CITY-ST-ZIP Coral Springs, FL 33071

TITLE D ☒ Delete
NAME BUTO, MARK
STREET ADDRESS 1188 NW 82ND AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Change ☒ Addition
NAME Teresa Higgins
STREET ADDRESS 6282 Island Way
CITY-ST-ZIP Margate, FL 33063

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:

Yvonne Swartz Yvonne Swartz Pres.

3/15/00

9547212017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

D

Swartz, TOM

7211 SW 4th Court

North Lauderdale, Florida 33068