

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000004719

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: ACADEMY FOR CONTINUING EDUCATION, INCORPORATED

Current Principal Place of Business:

16800 NW 17TH AVE
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 693135
MIAMI, FL 332690135

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHSON, DORETHA G
2190 NW 135 ST
MIAMI, FL 33167

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHSON, DORETHA
Address: 2190 N.W. 135TH STREET
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: LINDSAY, SHIRLEY
Address: 6650 S.W. 5TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: STEELE, CLAUDETTE T
Address: 8516 BEEKRINGA DR
City-St-Zip: MIAMI, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORETHA G. NICHSON

PD

04/09/2002

Electronic Signature of Signing Officer or Director

Date