2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 15, 2002 8:00 am s Secretary of State DOCUMENT # **N96000005671** 1. Entity Name 01-15-2002 90052 033 ****61.25 A SCHOOL FOR PERSONAL ENRICHMENT, INC. Principal Place of Business Mailing Address 931 VILLAGE BOULEVARD 931 VILLAGE BOULEVARD (905-308)(905-308) WEST PALM BEACH FL 33407-1939 WEST PALM BEACH FL 33407-1939 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREGORY, ALAN 931 VILLAGE BOULEVARD (905-308)Zip Code WEST PALM BEACH FL 33407-1939 FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE 19 \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition GREGORY, ALAN NAME NAME STREET ADDRESS STREET ADDRESS 931 VILLAGE BOULEVARD, SUITE 905-308 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407-1939 TITLE ☐ Delete TITLE ☐ Addition NAME PRIBRAM, KARL NAME STREET ADDRESS STREET ADDRESS C/O-CENTER FOR BRAIN RESEARCH; PETERS HALL CITY-ST-ZIP CITY-ST-ZIP RADFORD VA 24142 Delete ☐ Addition TITLE TITLE NAME GREGORY, LUCY NAME STREET ADDRESS STREET ADDRESS 931 VILLAGE BOULEVARD, SUITE 905-308 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407-1939 ☐ Delete TITLE TITLE ☐ Change ☐ Addition PARKS, PERRY NAME NAME STREET ADDRESS STREET ADDRESS 1017 ALVIRA STREET CITY-ST-ZIP CITY-ST-7/P LOS ANGELES CA 90035 TITLE ☐ Delete TITLE Change ☐ Addition WIENER, ISAAC NAME NAME STREET ADDRESS STREET ADDRESS 10 SALEM ROAD CITY-ST-ZIP CITY-ST-ZIP **WAYNE NJ 07470** ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it is changed, or on an attachment with an address, with all other like empowered.

FILED

ALAN GREGGY 1/3/02 840-9370