

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90106 015 \*\*\*\*70.00

**DOCUMENT # N97000000332**

1. Entity Name

**NEBULA EDUCATIONAL ARTS AND CULTURAL OUTREACH, I**

Principal Place of Business

1862 N.W. 38TH AVENUE  
 FT LAUDERDALE FL 33311  
 US

Mailing Address

P O BOX 16081  
 PLANTATION FL 33318  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0738626**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**VALMOND, J SHERMAN**  
**9897 NOB HILL LANE**  
**SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **Valmond, Joseph S.**

Street Address (P.O. Box Number is Not Acceptable)  
**1862 N.W. 38th Avenue**

City **Fort Lauderdale**

**FL**

Zip Code  
**33311**

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



**Joseph S. Valmond, President & CEO**

**4-30-01**

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VALMOND, J. SHERMAN</b>
STREET ADDRESS	<b>9897 NOB HILL LANE</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HILL, JAMES</b>
STREET ADDRESS	<b>450 NW 34TH AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ROSENTHAL, JONI</b>
STREET ADDRESS	<b>333 SUNSET DRIVE, #202</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SPENCER, SHERNA G</b>
STREET ADDRESS	<b>5950 W OAKLAND PARK BLVD, SUITE 103</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GEORGE, DEXTER</b>
STREET ADDRESS	<b>2339 N.W. 108TH TERRACE</b>
CITY-ST-ZIP	<b>SUNRISE FL 33322</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SOGARRAS, SLUBERTO</b>
STREET ADDRESS	<b>808 CRESTVIEW CIRCLE</b>
CITY-ST-ZIP	<b>WESTON FL 33327</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Valmond, Joseph S.</b>
STREET ADDRESS	<b>1862 NW 38th Avenue</b>
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33311</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cecil Sylvester</b>
STREET ADDRESS	<b>4675 North State Road 7</b>
CITY-ST-ZIP	<b>Lauderdale Lakes, FL 33319</b>
TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michele Scanlan</b>
STREET ADDRESS	<b>9897 Nob Hill Lane</b>
CITY-ST-ZIP	<b>Sunrise, FL 33351</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Retha Boone</b>
STREET ADDRESS	<b>15800 NW 42nd Avenue</b>
CITY-ST-ZIP	<b>Miami, FL 33054</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hilroy Thomas</b>
STREET ADDRESS	<b>16400 NW 82nd Avenue</b>
CITY-ST-ZIP	<b>Miami, FL 33054</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:



**Joseph S. Valmond, President & CEO**

**4-30-01**

**954-733-4664**

CR2E037 (10/00)