

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90498 016 ****70.00

DOCUMENT # N97000000332

1. Entity Name

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

Principal Place of Business

Mailing Address

1862 NW 38TH AVENUE
 FORT LAUDERDALE FL 33311

P O BOX 16081
 PLANTATION FL 33318
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0738626**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

• **VALMOND, JOSEPH S**
1862 NW 38TH AVE
FORT LAUDERDALE FL 33311

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

Joseph Valmond, President & CEO

April 26, 2002

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 **VALMOND, JOSEPH S**
 STREET ADDRESS **1862 NW 38TH AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE **S** ☐ Delete
 NAME **SYLVESTER, CECIL**
 STREET ADDRESS **4675 NORTH STATE ROAD 7**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

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

TITLE **T** ☐ Delete
 NAME **SCANLAN, MICHELE**
 STREET ADDRESS **9897 NOB HILL LANE**
 CITY-ST-ZIP **SUNRISE FL 33351**

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

TITLE **D** ☐ Delete
 NAME **BOONE, RETHA**
 STREET ADDRESS **15800 NW 42ND AVE**
 CITY-ST-ZIP **MIAMI FL 33054**

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

TITLE **D** ☐ Delete
 NAME **THOMAS, HILROY**
 STREET ADDRESS **16400 NW 82ND AVE**
 CITY-ST-ZIP **MIAMI FL 33054**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D.** ☐ Change ☒ Addition
 NAME **Jong-Ebot, William**
 STREET ADDRESS **1341 NW 177th Terrace**
 CITY-ST-ZIP **Miami, FL 33169**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Valmond, President & CEO

4-26-02

954-803-6175

Date Daytime Phone #

CR2E037 (9/01)