

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90220 019 \*\*\*\*\*70.50

**DOCUMENT # N97000000332**

1. Entity Name

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



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

**9897 NOB Hill Ln.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SUNRISE Florida**

City & State

Zip

**33351**

Country

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, JOSEPH S**

**1862 NW 38TH AVE  
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name

**VALMOND JOSEPH**

Street Address (P.O. Box Number is Not Acceptable)

**9897 NOB Hill Ln.**

City

**SUNRISE**

**FL**

Zip Code

**33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Joseph Valmond**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-22-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VALMOND, JOSEPH S 1862 NW 38TH AVE FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SYLVESTER, CECIL 4675 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCANLAN, MICHELE 9897 NOB HILL LANE SUNRISE FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOONE, RETHA 15800 NW 42ND AVE MIAMI FL 33054</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMAS, HILROY 16400 NW 82ND AVE MIAMI FL 33054</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONG-EBOTY, WILLIAM 1341 NW 77TH TERRACE MIAMI FL 33169</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**4-22-03**

CR2E037 (10/02)