

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90756 001 \*\*\*220.00

**DOCUMENT # N97000001764**

1. Entity Name

**PHYL'S ACADEMY PLUS, INC.**

Principal Place of Business

Mailing Address

**4645 N SR #7  
 LAUDERDALE LAKES FL 33319  
 US**

**12361 NW 14TH ST  
 PLANTATION FL 33322  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0737239**

Applied For

Not Applicable

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

**BAPTISTE, CURTIS  
 12361 NW 14ST ST  
 PLANTATION FL 33323**

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

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	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>FUILER, DENISE</b>	
STREET ADDRESS	<b>2301 NW 139TH AVE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>LUDLOW, BAILEY</b>	
STREET ADDRESS	<b>431 NE 210 CIR TERR, APT 24-201</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>FREMPONG-BOADU, PHYLLIS</b>	
STREET ADDRESS	<b>5540 KINGS HIGHWAY</b>	
CITY-ST-ZIP	<b>BROOKLYN NY 11203</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 954 731 7529

Date

Daytime Phone #

CR2E037 (9/01)