

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003565

1. Entity Name

THE EDUCATION CENTER AT MIAMI LAKES INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90009 003 ****61.25

Principal Place of Business

Mailing Address

16359 NW 57TH AVE
MIAMI FL 33014
US

16359 NW 57TH AVE
MIAMI FL 33014-6709
US

2. Principal Place of Business

16291 NW 57th Ave.

3. Mailing Address

16291 NW 57th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0761770

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIPPING, BRIAN D
20041 NW 66 PLACE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name Elsie N. Mendez

Street Address (P.O. Box Number is Not Acceptable)
19354 NW 56th Place

City Miami

FL

Zip Code 33055

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

Elsie Mendez

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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	MD	<input type="checkbox"/> Delete
NAME	PIPPING, DIANE B	
STREET ADDRESS	20041 NW 66 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIPPING, BRIAN D	
STREET ADDRESS	20041 NW 66 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEHMER, ISABEL	
STREET ADDRESS	6746 NW 193RD ALNE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SELLERS, NORMAN C	
STREET ADDRESS	2517 NE 9TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10035 N. Bell Road	
CITY-ST-ZIP	Minooka IL 60447	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10035 N. Bell Road	
CITY-ST-ZIP	Minooka IL 60447	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Brian D Pipping
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 305-628-1907

Date

Daytime Phone #

CR2E037 (9/99)