

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 21, 2002 8:00 am
Secretary of State**

05-21-2002 90886 024 ****61.25

DOCUMENT # N97000004292
1. Entity Name
HERITAGE INSTITUTE FOR EDUCATION, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10701 SW 146 COURT
Suite, Apt. #, etc.

3. Mailing Address
10701 SW 146 COURT
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33186 Country

Zip
33186 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0776623 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Pathman, Ronald C ESG

Street Address (P.O. Box Number is Not Acceptable)
8900 SW 107th Ave

City Miami FL Zip Code 33176

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 reelecting) DATE _____

EEI IS \$61,251
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PO SAMRA, ABDEL H 17431 SW 35 Street MIRAMAR, FL 33029</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SO Abbasa, Muhammad R 10701 SW 146 COURT Miami, FL 33186</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PO SAMRA, ABDEL H 17431 SW 35 Street MIRAMAR, FL 33029</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 justice empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or an attachment with an address, with all other like empowered.

SIGNATURE: Abbasa, M.R. 4/29/02 305-382-8273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)