

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000490

1. Entity Name

SMART SCHOOL, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90322 001 ****61.25

Principal Place of Business
3698 NW 15TH ST
FORT LAUDERDALE FL 33311
US

Mailing Address
3698 NW 15TH ST
FORT LAUDERDALE FL 33311-4133
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

65-0808229

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

MILLER, EDWARD
10001 NW 60 PLACE
PARKLAND FL 33076

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	PD	<input type="checkbox"/> Delete
NAME	MILLER, EDWARD	
STREET ADDRESS	10001 NW 60TH PL	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLMES, MARIAN	
STREET ADDRESS	1757 NW 58 AVE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DD	<input type="checkbox"/> Delete
NAME	FORD, SHARON	
STREET ADDRESS	872 BANKS RD	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOUTCHER, JAY	
STREET ADDRESS	85721 NW 5TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEMPLETON, BLANCH	
STREET ADDRESS	10718 NW 49TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward Miller 1/12/00 954-321-6777

CR2E037 (9/99)