

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000490**

1. Entity Name

SMART-SCHOOL, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90141 047 ****61.25

911754

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3698 NW 15TH ST
FORT LAUDERDALE FL 33311
US**

Mailing Address

**3698 NW 15TH ST
FORT LAUDERDALE FL 33311
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0808229

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete
NAME **PD**
STREET ADDRESS **MILLER, EDWARD**
CITY-ST-ZIP **10001 NW 60TH PL
PARKLAND FL 33076**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HOLMES, MARIAN**
CITY-ST-ZIP **1757 NW 58 AVE
LAUDERHILL FL 33313**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DD**
STREET ADDRESS **FORD, SHARON**
CITY-ST-ZIP **872 BANKS RD
COCONUT CREEK FL 33063**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **KOUTCHER, JAY**
CITY-ST-ZIP **85721 NW 5TH ST
LAUDERHILL FL 33351**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **TEMPLETON, BLANCH**
CITY-ST-ZIP **10718 NW 49TH MANOR
CORAL SPRINGS FL 33076**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 #

CR2E037 (10/00)