## 2001 UNIFORM BUSI SS REPORT (UBR)

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # N980000 1178 1. Entity Name CHILDREN'S INTERNATIONAL EXPERIENTIAL LEARNING O 04-17-2001 90065 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 4914 22ND ST NORTH P.O. BOX 2642 WEST PALM BEACH FL 33417 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0814805 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEA, ANDREA 4914 22ND ST NORTH WEST PALM BEACH FL 33417 Zip Code FL 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 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. | 11. **PAST** TITLE ☐ Change ☐ Addition TITLE ☐ Delete LEA, ANDREA NAME NAME STREET ADDRESS 4914 22ND ST N STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Delete TITLE ☐ Addition Change TITLE NAMÉ SIMS, H B NAME STREET ADDRESS 7301 S DIXIE HWY STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 Samuel Mohammed Change Addition 4914 22 nd St No TITLE Delete TITLE IDE, BRUCE NAME NAME STREET ADDRESS 581/559 N MILITARY TRAIL STREET ADDRESS West Palm Beach, FL 33417 : Wichange CITY ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Delete TITLE TITLE NAME 3 Edith C. Bush NAME CLAY, CARLETTA STREET ADDRESS STREET ADDRESS 631-39TH ST 444 Beach, FL 33401 CITY ST-ZIP CITY-ST-7IP **RIVIERA BEACH FL 33407** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 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: