

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002812

1. Entity Name

ONE ON ONE EDUCATIONAL AND ENRICHMENT CENTER, IN

Principal Place of Business

2500 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33313

Mailing Address

2500 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOYNTON, JOHNNY
9900 N.W. 46TH COURT
SUNRISE FL 33357

4. FEI Number

65-0832258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME BOYNTON, JOHNNY
STREET ADDRESS 9900 N.W. 46TH COURT
CITY-ST-ZIP SUNRISE FL 33357 ☐ Delete

TITLE SD
NAME BOYNTON, ANGELIA
STREET ADDRESS 9900 N.W. 46TH COURT
CITY-ST-ZIP SUNRISE FL 33357 ☐ Delete

TITLE TD
NAME BOYNTON, YVETTE
STREET ADDRESS 9900 N.W. 46TH COURT
CITY-ST-ZIP SUNRISE FL 33357 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Yvette Boynton

8/15/01 (954) 730-8980

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90033 022 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)