

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90029 048 ****70.00

DOCUMENT # N98000004389

1. Entity Name

CENTER OF RESOURCE FOR EDUCATIONAL ENHANCEMENT A

Principal Place of Business

**110 BONAVENTURE BOULEVARD APT. 209
WESTON FL 33326**

Mailing Address

**110 BONAVENTURE BOULEVARD APT. 209
WESTON FL 33326**

2. Principal Place of Business

4000 N. St. Rd 7

Suite, Apt. #, etc.

306

3. Mailing Address

4000 N St. Rd. 7

Suite, Apt. #, etc.

306

City & State

Lauderdale Lakes Fl.

Zip

33319

Country

City & State

Lauderdale Lakes Fl.

Zip

33319

Country

4. FEI Number

65-0855768

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CAMPBELL, VIOLET**110 BONAVENTURE BOULEVARD APT. 209
WESTON FL 33326**

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

V. Campbell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/2001

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRABLEC, CYNTHIA	
STREET ADDRESS	300 SPINE ISLAND RD- #246A	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DECASTRO, JOHN	
STREET ADDRESS	482 N.E. 210 CIRCLE APT. 103	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, BARBARA	
STREET ADDRESS	320 S.W. 99TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, GARY	
STREET ADDRESS	700 S. FEDERAL HWY -STE 200	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYRD, GLENNA	
STREET ADDRESS	4520 N.W. 4TH STREET	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHODD, RUPERT	
STREET ADDRESS	7853 N.W. 60TH LANE	
CITY-ST-ZIP	PARKLAND FL 33067	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILARY CREARY	
STREET ADDRESS	1545 EAST OAKLAND	
CITY-ST-ZIP	FORT LAUDERDALE FL. 33334	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIOLET CAMPBELL	
STREET ADDRESS	110 BONAVENTURE BLVD. #209	
CITY-ST-ZIP	WESTON FL. 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRINGTON MURRAY	
STREET ADDRESS	660 N. St. Rd 7 suite 3	
CITY-ST-ZIP	Plantation FL. 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stacy McMillen	
STREET ADDRESS	700 S. FEDERAL HIGHWAY STE 200	
CITY-ST-ZIP	BOCARATON FL 33432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELVIE GRESHAM	
STREET ADDRESS	1870 W. CORPORATE LAKES BLVD.	
CITY-ST-ZIP	WESTON FL. 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLENE WILLIAMS	
STREET ADDRESS	1341 NW. 78th. AVE.	
CITY-ST-ZIP	PLANTATION FL. 33322	

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:

*V. Campbell***VIOLET CAMPBELL**

DATE

4/23/2001 9546670039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/00)