

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90095 032 ****61.25

DOCUMENT # N98000004389

1. Entity Name

CENTER OF RESOURCE FOR EDUCATIONAL ENHANCEMENT AND DEVELOPMENT INC.

Principal Place of Business

**4000 N STATE ROAD 7
 306
 LAUDERDALE LAKES FL 33319**

Mailing Address

**4000 N STATE ROAD 7
 306
 LAUDERDALE LAKES FL 33319**

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 **65-0855768**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **D** ☒ Delete
 NAME **CREARY, HILARY**
 STREET ADDRESS **1545 EAST OAKLAND**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition
 NAME **DELVIE GRESHAM**
 STREET ADDRESS **1870 W. CORPORATE LAKES BLVD.**
 CITY-ST-ZIP **WESTON FL. 33326**

TITLE **D** ☐ Delete
 NAME **CAMPBELL, VIOLET**
 STREET ADDRESS **110 BONAVENTURE BLVD 209**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE ☐ Change ☒ Addition
 NAME **D DAVE MADERIOS**
 STREET ADDRESS **4277 Cedar Creek Rd.**
 CITY-ST-ZIP **Boca Raton 33487**

TITLE **D** ☒ Delete
 NAME **BARRINGTON, MURRAY**
 STREET ADDRESS **660 N STATE ROAD 7 STE 3**
 CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **D** ☐ Delete
 NAME **SHAPIRO, GARY**
 STREET ADDRESS **700 S. FEDERAL HWY -STE 200**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete
 NAME **MCMILLAN, STACY**
 STREET ADDRESS **700 S FEDERAL HWY STE 200**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☒ Delete
 NAME **WILLIAMS, CHARLENE**
 STREET ADDRESS **1341 NW 78TH AVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

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: *US Campbell Violet* **4/30/2002** **9546670039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)