

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90425 037 ****61.25

DOCUMENT # N98000006485

1. Entity Name

HOLLYWOOD EDUCATION AND LITERACY PROJECT MIAMI, INC.



Principal Place of Business

**5512 S.W. 154TH COURT
MIAMI FL 33185**

Mailing Address

**5512 S.W. 154TH COURT
MIAMI FL 33185**

2. Principal Place of Business

13828 SW 56 ST

Suite, Apt. #, etc.

Miami Fla 33175

City & State

3. Mailing Address

13828 SW 56 ST

Suite, Apt. #, etc.

Miami Fla 33175

City & State

Zip

Country

USA

Zip

Country

4. FEI Number **65-0876629**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIPSON, SAUL B
1515 UNIVERSITY DRIVE
SUITE 222
CORAL SPRINGS FL 33071**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D/T LIPSON, SAUL	<input type="checkbox"/> Delete
STREET ADDRESS	1515 UNIVERSITY DR. #220	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE NAME	D/P RIVERA, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	5512 SW 154 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE NAME	D TILLBERG, DOTTIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	174 ROYAL PALM DR.	
CITY-ST-ZIP	FT. LAUD. FL 33301	
TITLE NAME	DS TAMARA BATALHA, JAMARA	<input type="checkbox"/> Delete
STREET ADDRESS	15863 SW 77 ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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:

S. Barbara R. Rivera

26 Feb 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR