

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000435

1. Entity Name

AFTER SCHOOL PROGRAMS-SOUTH, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90097 014 ****70.00

Principal Place of Business

Mailing Address

5665 N.W. 29TH ST.
 MARGATE FL 33063

5665 N.W. 29TH ST.
 MARGATE FL 33063-1531

2. Principal Place of Business

3. Mailing Address

5700 Horizons Lane

5700 Horizons Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate, FL.

City & State

Margate, FL.

4. FEI Number

65-091-5728

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKOLNICK, MICHAEL
 5665 N.W. 29TH ST.
 MARGATE FL 33063

Name

Alan Wolnek

Street Address (P.O. Box Number is Not Acceptable)

5700 Horizons Lane

City

Margate

FL

Zip Code

33063

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]

Alan Wolnek

4/24/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Alan Wolnek	5700 Horizons Lane	Margate, FL. 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Allan Cohn	5700 Horizons Lane	Margate, FL. 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	John Civettini	5700 Horizons Lane	Margate, FL. 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Ann Cotler	5700 Horizons Lane	Margate, FL. 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(954)970-6700

Daytime Phone #

CR2E037 (9/99)