## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am Secretary of State DOCUMENT # N9900000818 1. Entity Name MY EDUCATION GUARDIAN ANGEL, INC. 05-14-2001 90256 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 1327 PORTOFINO CIR #707 PO BOX 266384 WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address 1325 CHENILLE CIR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0897062 MESTON Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GROSS, MARLA PORTER 1327 PORTOFINO CIR #707 WESTON FL 33326 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition TITLE Delete TITLE D/P/T PORTER GROSS, MAKEN , CHENILLE CIRCLE NAME PORTER-GROSS, MARLA NAME STREET ADDRESS 1327 PORTOFINO CIR #707 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 WESTON, FL 33327 VPD Addition ☐ Change ☐ Delete TITLE D/ VP/5 GROSS, BRADLEY J GROSS, BRAGLEY J. NAME NAME CHENILLE CIRCLE STREET ADDRESS 1327 PORTOFINO CIR #707 STREET ADDRESS 1322 CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP VESTON Delete TITLE Change ..... Addition\_ TITLE PORTER, BARBY 6911 ENVIRON BLUD PORTER, BARBY NAME STREET ADDRESS 6911 ENVIRON BLVD #77 STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP 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

4/27/01

th all other IRe empowered

changed, or on an attachment with an address