

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90363 005 ****61.25

DOCUMENT # **N99000000818**

1. Entity Name

MY EDUCATION GUARDIAN ANGEL, INC.

658796

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1325 Chenille Circle

3. Mailing Address

1325 Chenille Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0897062

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

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

7. Name and Address of Current Registered Agent

Name

MARLA PORTER GROSS

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

1325 Chenille Circle

City

Weston

FL

Zip Code

33327

**DO NOT WRITE
IN THIS SPACE**

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]

MARLA PORTER GROSS

PRESIDENT

4/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D/P/T
GROSS, MARLA PORTER
1325 Chenille Circle
Weston, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D/VP/S
GROSS, BRADLEY J.
1325 Chenille Circle
Weston, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PORTER, BARBY
13669 Morroca Lake Drive
Delray Beach, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

**(MARLA PORTER GROSS)
PRESIDENT**

4/26/02

954-217-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)