

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N99000001113

1. Entity Name

STUDENTS TURN ADVERSITY INTO OPPORTUNITY, INC.

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90008 037 \*\*\*\*61.25

A0074315

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4444 N. UNIVERSITY DR.  
LAUDERHILL, FL. 33351

P.O. BOX 25588  
FORT LAUDERDALE  
FLORIDA, 33320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650933541

Applied For

Not Applicable

Zip

Country

USA

Zip

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

DONNA C. HENRY  
5100 NW. 64TH TERRACE  
LAUDERHILL, FLORIDA 33351

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 SD ☒ Delete  
NAME BERNARD, MEDIA  
STREET ADDRESS 69 SPINNING WHEEL LANE  
CITY-ST-ZIP TAMARAC, FLORIDA 33319

TITLE SD ☐ Change ☒ Addition  
NAME BERNICE HENRY  
STREET ADDRESS 5100 NW. 64TH TERRACE  
CITY-ST-ZIP LAUDERHILL, FLORIDA 33319

TITLE SD ☐ Delete  
NAME ZOLA MAE REED  
STREET ADDRESS 1019 LOUISIANA AVE.  
CITY-ST-ZIP CLEWISTON, FLORIDA 33440

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

TITLE CD ☐ Delete  
NAME SARAH HEATHERLY  
STREET ADDRESS 2128 KAHIKI DRIVE  
CITY-ST-ZIP PLANTATION, KEY, FLORIDA 33029

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

TITLE MD ☐ Delete  
NAME BOOKER RHODES  
STREET ADDRESS 1020 NW. 185TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FLORIDA 33029

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

DONNA C. HENRY

6/14/01 954-572-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

Attachment  
DH# N99000001113  
A0074315

June 14, 2001

DONNA HENRY  
5100 NW. 64<sup>TH</sup> TERRACE  
LAUDERHILL, FLORIDA 33319

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
POST OFFICE BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

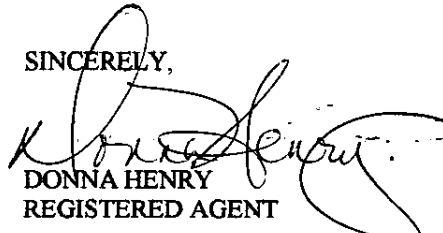
RE: DOCUMENT # N990000011113

DEAR SIR/MADAM:

PLEASE EXUSE THE PAST DUE *UNIFORM BUSINESS REPORT* (UBR) FOR **STUDENTS  
TURN ADVERSITY INTO OPPORTUNITY, INC.** DUE TO A SEVERE CAR ACCIDENT WITH  
MY FATHER, I WAS NOT ABLE TO PROCESS THIS FORM IN A TIMELY MANNER.

AGAIN, I APOLOGIZE FOR THE LATE PROCESSING OF THIS FORM. PLEASE ACCEPT  
THIS CHECK FOR \$61.25 FOR MY FILING FEE.

SINCERELY,

  
DONNA HENRY  
REGISTERED AGENT

ENCLOSURE: CHECK = \$61.25