

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Apr 26, 2000 8:00 am
Secretary of State
 01-26-2000 90205 034 ****61.25

DOCUMENT # N99000001856

1. Entity Name

THE FORT LAUDERDALE INTERNATIONAL SCHOOL OF MINI

Principal Place of Business

613 NW 3RD AVE
 FORT LAUDERDALE FL 33311

Mailing Address

613 NW 3RD AVE
 FORT LAUDERDALE FL 33311-7449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0966257

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAWLS, CORNELIUS
613 NW 3RD AVE
FORT LAUDERDALE FL 33311

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.

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

TITLE ☐ Delete
 NAME **P THOMSON, THOMAS (T)**
 STREET ADDRESS **613 NW 3RD AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete
 NAME **V DUDLEY, CLYDE (D)**
 STREET ADDRESS **613 NW 3RD AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete
 NAME **S THOMPSON, THOMAS G (D)**
 STREET ADDRESS **613 NW 3RD AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete
 NAME **CORNELIUS RAWLS (D)**
 STREET ADDRESS **613 NW 3RD AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Delete
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 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: C. RAWLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000 934-467-6376

Date

Daytime Phone #