

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NP1000002193**

1. Entity Name

EDUCATION TO GO, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

14800 BUCHANAN ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33176

Country

DADE

Country

4. FEI Number

65-0909899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRENDA COLEMAN
14800 BUCHANAN ST.
MIAMI, FL 33176**

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 **DIRECTOR** ☐ Delete
NAME **GEORGE W. COLEMAN**
STREET ADDRESS **10421 SW 150 TERR**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **DIRECTOR** ☐ Delete
NAME **LOUISE BAKER**
STREET ADDRESS **13731 VAN BUREN ST.**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **DIRECTOR** ☐ Delete
NAME **KELVINA DARLING**
STREET ADDRESS **16803 SW 107 PL.**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **PRESIDENT** ☐ Delete
NAME **BRENDA COLEMAN**
STREET ADDRESS **14800 BUCHANAN ST**
CITY-ST-ZIP **MIAMI, FL 33176**

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 ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003409001--8
-09/29/00--01013--018
*******61.25 *****61.25**

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-00

Date

Daytime Phone #

KE

CR2E037 (9/99)