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

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90038 024 ****61.25

DOCUMENT # N99000002253

1. Entity Name
Coalition of Essential Schools Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Nova Southeastern Univ.	Same
Suite, Apt. #, etc.: 1750 NE. 167th St.	Suite, Apt. #, etc.
City & State: North Miami Beach, FL.	City & State
Zip: 33162 Country: U.S.A.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0991259 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Ron L. Rapp

Street Address (P.O. Box Number is Not Acceptable): 1860 NW 42nd St.

City: Ft. Lauderdale, FL. Zip Code: 33309

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: Ron L. Rapp, Director 4-28-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ron L. Rapp (D) 1860 NW 42nd St. Ft. Lauderdale, FL. 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pete Bermudez (T) 250 NW 167th Ave. #103 Miami, FL. 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nancy Cieslak 3531 Davie Rd. Davie, FL. 33314
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), 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.

FILING ATTORNEY: Ron L. Rapp 4-28-02 (954)401-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #