

2000 UNIFORM BUSINESS REPORT (UBR)

5/10/0

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-10-2000 90146 036 ***158.75

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Entity Name
PATHWAYS TO LITERACY, INC.

Principal Place of Business

Mailing Address

3. BISCAYNE BLVD. #1870
 FL 33131-2377

200 S. BISCAYNE BLVD. #1870
 MIAMI FL 33131-2329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

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

Name

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

City

FL

Zip Code

TRAZENFELD, WARREN R ESQ.
POST UNION FINANCIAL CENTER #1870
200 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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 due if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

FILE NOW:
FEE IS \$81.25

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
Pres.	Edward S. Schano	2000 N.E. 122 Road	N. Miami, FL 33181	☒
Vice-President	Marion Schano	2000 NE 122 Road	N. Miami, FL 33181	☒
Secretary	Nicole Schano	2000 NE 122 Road	N. Miami, FL 33181	☒
Treasurer	Mickey L. Moore	13575 5th Ave	Miami FL 33156	☒
				☐
				☐
				☐

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

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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

Edward S. Schano **EDWARD S. SCHANO** 4-21-2000 30889115

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (9/99)