

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006056

1. Entity Name

ALLIANCE FOR BUSINESS LEADERSHIP IN EDUCATION, I

Principal Place of Business

350 SE 2ND STREET SUITE 400
FT LAUDERDALE FL

Mailing Address

350 SE 2ND STREET SUITE 400
FT LAUDERDALE FL

2. Principal Place of Business

300 SE 2ND ST. SUITE 780

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FL

Zip

33301

Country

USA

3. Mailing Address

300 SE 2ND ST. SUITE 780

Suite, Apt. #, etc.

FORT LAUDERDALE 780

City & State

FL

Zip

33301

Country

USA

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
500 EAST BROWARD BLVD. SUITE 1400
FT LAUDERDALE FL 33394

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 D
NAME MAJZLIN, JEROME ☐ Delete
STREET ADDRESS 350 SE 2ND STREET STE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D
NAME STEVENS, JOYANNE ☐ Delete
STREET ADDRESS 2912 COLLEGE AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE D
NAME DERIENZO, ADRIENNE ☐ Delete
STREET ADDRESS 600 SE 3RD AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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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:

Jerome Majzlin 4/24/01 (954) 524-3113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90190 001 ***122.50



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)