

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000011445**

1. Entity Name

FOOTPRINTS EDUCATIONAL PROGRAMS, INC.**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90163 020 ***150.00

Principal Place of Business

11345 SW 112TH CIRCLE LANE NORTH
MIAMI FL 33176

Mailing Address

11345 SW 112TH CIRCLE LANE NORTH
MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0983697

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

HERRERA, JENNIFER
11345 SW 112TH CIRCLE LANE NORTH
MIAMI FL 33176

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

Jennifer Herrera
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/01
DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **HERRERA, JENNIFER**
STREET ADDRESS **11345 SW 112TH CIRCLE LANE NORTH**
CITY-ST-ZIP **MIAMI FL 33176**TITLE **PSD** ☒ Change ☐ Addition
NAME **Herrera, Jennifer**
STREET ADDRESS **11345 SW 112th Circle Lane North**
CITY-ST-ZIP **Miami, FL 33176**TITLE **VSD** ☒ Delete
NAME **QUEVEDO, MIRIAM**
STREET ADDRESS **5450 SW 133RD COURT**
CITY-ST-ZIP **MIAMI FL 33175**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Herrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/11/01**
Date**(305) 323-3065**
De/line Phone #

CR2E034 (10/00)