

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90223 027 ***150.00

DOCUMENT # P00000023623 1. Entity Name <i>After School Administrators, Inc.</i>																																	
Principal Place of Business <i>2925 NW 68 Ave</i> <i>Margate, FL 33063</i>		Mailing Address <i>2925 NW 68 Ave</i> <i>Margate, FL 33063</i>																															
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country																														
4. FEI Number <i>65 099 1799</i>		Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent <i>FILLINGS, INC.</i> <i>3732 NW 16 street</i> <i>Ft. Lauderdale, FL 33065</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																															
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<div style="text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>																															
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																															
<div style="display: flex;"> <div style="flex: 1;"> 11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><i>DIRECTOR</i></td> <td><i>SMITH, JUDY</i></td> <td><i>2812 NW 47th Ave</i></td> <td></td> </tr> <tr> <td></td> <td></td> <td><i>CORAL SPRINGS, FL 33065</i></td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><i>PRESIDENT</i></td> <td><i>MICHAEL SKOLNICK</i></td> <td><i>2925 NW 68 Ave</i></td> <td></td> </tr> <tr> <td></td> <td></td> <td><i>MARGATE FL 33063</i></td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		<i>DIRECTOR</i>	<i>SMITH, JUDY</i>	<i>2812 NW 47th Ave</i>				<i>CORAL SPRINGS, FL 33065</i>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		<i>PRESIDENT</i>	<i>MICHAEL SKOLNICK</i>	<i>2925 NW 68 Ave</i>				<i>MARGATE FL 33063</i>		
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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: <i>Michael Skolnick</i> 3/23/01 954-757-7108 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	

CR2E034 (11/00)