FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Feb 13, 2002 8:00 am P00000026992 Secretary of State DOCUMENT # 1. Entity Name 02-13-2002 90008 035 \*\*\*158.75 E.N. EDUCATORS, INC. Principal Place of Business Mailing Address 6301 W SAMPLE RD 109 WINGED FOOT LANE CORAL SPRINGS FL 33067 **BOCA RATON FL 33431** US 2. Principal Place of Business Mailing Address and Ave. 6301 W. Sample Hd 5 a 80 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0991644 DCA Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOFFMAN, ERIK Street Address (P.O. Box Number is Not Acceptable) 109 WINGED FOOT LANE **BOCA RATON FL 33431** Zin 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 name of registered (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** CR2E034 (9/01 ☐ Addition TITLE ☐ Delete TITLE 5280 NW 2nd Ave. #318 HOFFMAN, ERIK NAME NAME 109 WINGED FOOT LANE STREET ADDRESS STREET ADDRESS Boca Raton, FL 33487 5280 NW 2nd Ave. #318 **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE HOFFMAN, NIKKI NAME NAME 109 WINGED FOOT LANE STREET ADDRES STREET ADDRESS BOCA RATON FL-33431 ---CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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