

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109266

1. Entity Name

AUDIO ED. INTERNATIONAL, INC.

Principal Place of Business

4000 NORTH STATE ROAD 7  
SUITE 410  
LAUDERDALE LAKES FL 33319

Mailing Address

4000 NORTH STATE ROAD 7  
SUITE 410  
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

4000 North State Rd 7.

3. Mailing Address

4000 North State Rd. 7

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes FL

Zip

33319

Country

Broward

Zip

33319

Country

Broward

4. FEI Number

65-1056681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REECE, CARL  
2230 NW 22ND STREET  
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

REECE, CARL

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

4000 North State Rd. 7. Suite 401

Lauderdale Lakes

City

FL

Zip Code

33319

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 CARL REECE CEO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/2001

9. 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 State**

10. 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          | PD                      | <input type="checkbox"/> Delete |
| NAME           | REECE, CARL             |                                 |
| STREET ADDRESS | 2230 NW 22ND STREET     |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33319 |                                 |
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | MYERS, ESTELLA          |                                 |
| STREET ADDRESS | 2615 POLK STREET APT 4  |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33020      |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
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| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL A. REECE

4/19/2001

Date

954-667-0688

Daytime Phone #

CR2E034 (10/00)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90271 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE