

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90110 016 \*\*\*150.00

**DOCUMENT # P00000113490**

1. Entity Name  
**CENTER FOR CAREER EXCELLENCE, INC.**

Principal Place of Business  
**610 SOUTH MILITARY DRIVE**  
**DEERFIELD BEACH FL**

Mailing Address  
**610 SOUTH MILITARY DRIVE**  
**DEERFIELD BEACH FL**

**80112334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5970 S.W 18th ST**

3. Mailing Address  
**5970 SW 18th ST**

Suite, Apt. #, etc.

**Suite 143**

Suite, Apt. #, etc.

**Suite 143**

City & State  
**BOCA RATON, FL.**

City & State  
**BOCA RATON, FL.**

Zip  
**FL 33433**

Country

Zip  
**33433**

Country

4. FEI Number **65-1064386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**IOANNOU, MICHAEL J ESQ.**  
**2300 GLADES ROAD**  
**SUITE 400 EAST TOWER**  
**BOCA RATON FL 33431**

**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 *Noha Garas* *Noha Garas, VP, Operations*

*4-29-2002*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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**

TITLE **P** ☐ Delete  
 NAME **SMITH, BONNIE-LYNNE**  
 STREET ADDRESS **610 S MILITARY TRAIL**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **VPO** ☐ Delete  
 NAME **GARAS, NOHA**  
 STREET ADDRESS **610 S MILITARY TRAIL**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **COO** ☐ Delete  
 NAME **SMITH, MANVILLE D JR**  
 STREET ADDRESS **610 S MILITARY TRAIL**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE ☐ Change ☐ 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: *Noha Garas* *Noha Garas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-2002*  
 Date

*954 682 7339*  
 Daytime Phone #

CR2E034 (9/01)