

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90461 028 ***150.00

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DOCUMENT # P00000114945

1. Entity Name
ACADEMIC ALTERNATIVE HIGH SCHOOL, INC.



Principal Place of Business
**2300 N. DIXIE HWY
BOCA RATON FL 33431**

Mailing Address
**9273 SW 8TH STREET SUITE 122
BOCA RATON FL 33428**

11006460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3692979**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MICHAEL C. KLASFELD, P.A.
2424 NE 22ND STREET
POMPANO BEACH FL 33062

Sheldon

Name **Sheldon KLASfeld**

Street Address (P.O. Box Number is Not Acceptable)
2300 N Dixie Hwy

City **Boca Raton**

FL

Zip Code **33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sheldon KLASfeld* **Sheldon KLASfeld**

DATE **4/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **KLASFELD, SHELDON**
STREET ADDRESS **1783 NW 15TH VISTA #5**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME **9277 SW 16th Road West**
STREET ADDRESS **33428**
CITY-ST-ZIP **33428**

TITLE **D** ☐ Delete
NAME **KLASFELD, SHELDON**
STREET ADDRESS **1783 NW 15TH VISTA #5**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME **9277 SW 16th Road West**
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheldon KLASfeld* **Sheldon KLASfeld**

DATE **4/15/03**

Daytime Phone # **561 929-0333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)