

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD10000069474 ✓

1. Entity Name

W. P. Education Center INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

W. P. EDUCATIONAL CENTER INC
Suite, Apt. #, etc. 108

3. Mailing Address

P.O. Box 695142
Suite, Apt. #, etc.

FILED
02 MAY 31 AM 9:17
04-23-2002 90433 023 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL 33169

City & State MIAMI FL

4. FEI Number 65-1126174

Applied For
☐ Not Applicable

Zip 33169

Country DARE

Zip 33269

Country DARE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DELROY RUSSELL INC
Street Address (P.O. Box Number is Not Acceptable)
4509 NW 191 ST
City Miami FL Zip Code 33055

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

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

(NOTE: Registered Agent signature required when reinstating)

03-28-02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Delroy Russell</u> <u>4509 NW 191 ST MI FL</u> <u>33055</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

03-28-02 305-282-7138

CR2E034B (12/01)