

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

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90199 036 ***150.00

DOCUMENT # **P01000069474**
1. Entity Name **W.P. EDUCATIONAL CENTER**



DO NOT WRITE IN THIS SPACE

14005015

2. Principal Place of Business
18331 NW 7 AVE
Suite, Apt. #, etc.
MIAMI FL
City & State
33169 MIAMI
Zip Country

3. Mailing Address
P.O. BOX 695142
Suite, Apt. #, etc.
MIAMI FL
City & State
33269 MIAMI
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
Not Applicable

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 **WP EDUCATIONAL CENTER**
Street Address (P.O. Box Number is Not Acceptable)
18331 NW 7 AVE
MIAMI **33169**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jimmy Brown**

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

(NOTE: Registered Agent signature required when reinstating)

03/08/05

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/P
IVY BROWN
18731 NW 46 AVE
MIAMI FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.O.
DELOREY RUSSELL
18731 NW 46 AVE
MIAMI FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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

SIGNATURE: **Jimmy Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/05

Date

Daytime Phone #

CR2E034B (12/02)