2002 Uniform Business Report (UBR)

changed, or on an attachment with an

SIGNATURE:

Mar 31, 2002 8:00 am § DOCUMENT # P01000119089 **Secretary of State** 1. Entity Name 03-31-2002 90340 005 ***150.00 BEAR EDUCATION CORP. Principal Place of Business Mailing Address 3138 NORTH COMMODORE PLAZA 3138-NORTH-COMMODORE-PLAZA SUITE 7 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 ... 3. Mailing Address 2. Principal Place of Business 40. Box 331044 3100 Swyh Dixie Hwu Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State PHEALBOX ha. 33233 01-0575013 COCONUT GROVE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired DCU*SEGE*E Fee Required 33133 $\omega \omega$ 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature ped or printed name of set 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) Change . ☐ Addition ☐ Delete TITLE TITLE Steale, dolln dr. 3100 South Dixie Hwy. STEELE, JOHN JR. NAME NAME STREET ADDRESS STREET ADDRESS 3138 NORTH COMMODORE PLAZA #7 CITY-ST-7/P **COCONUT GROVE FL 33133** CITY-ST-ZIP COCOUNT GLOVE, Tha-Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OFFICER OR DIRECTOR

FILED

Daytime Phone #