

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 047 ***150.00

DOCUMENT # P02000008374

1. Entity Name
THE ACADEMY OF EXCELLENCE, INC.



Principal Place of Business
~~1732 NW 95TH STREET~~ **2239 n.w. 89th St.**
MIAMI FL 33147

Mailing Address
~~1732 NW 95TH STREET~~ **2239 n.w. 89th St.**
MIAMI FL 33147

2. Principal Place of Business
2239 n.w. 89th Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 472006
Suite, Apt. #, etc.

City & State
Miami, Florida
Zip
33147
Country
U.S.A.

City & State
Miami, Florida
Zip
33247
Country
U.S.A.

4. FEI Number
021-0571342

Applied For:
☐ Not Applicable

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

CULMER, DELORES L
~~1732 NW 95TH STREET~~ **2239 n.w. 89th St.**
MIAMI FL 33147

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)² 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

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	CULMER, DELORES L 1732 NW 95TH STREET 2239 n.w. 89th St. MIAMI FL 33147	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *DeLores L. Culmer* **DELORES L. CULMER** **04/01/03** **(305) 693-5444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)