FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000 24803

1. Entity Name
ATLANTIC PRIVATE PRESCHOOL INC.

FILED
03 MAY -8 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8303 W. ATLANTIC BLVD	8303 W. ATLANTIC BLVD
Suite, Apt. #, etc. SUITE ONE	Suite, Apt. #, etc. SUITE ONE
City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33071 Country USA	Zip 33071 Country USA

4. FEI Number 01-063 8260 ☐ 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: KENRICK PRASAD

Street Address (P.O. Box Number is Not Acceptable): 8303 W. ATLANTIC BLVD. SUITE ONE

City: CORAL SPRINGS FL Zip Code: 33071

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: Kenrick Prasad – KENRICK PRASAD – PRESIDENT – 05/01/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After 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	PRESIDENT KENRICK PRASAD 8303 W. ATLANTIC BLVD. SUITE ONE CORAL SPRINGS FL 33071	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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: Kenrick Prasad – KENRICK PRASAD – 05/01/03 (954) 825-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8303 W. Atlantic Blvd.
Suite # 1
Coral Springs, FL 33071

Atlantic Private Pre-School Inc.

Phone: (954) 979-3399
Fax: (954) 979-1067

Kenrick Prasad
Administrator/Manager

P0X262

RE: UBR #P02000024803

05/01/03

To whom it may concern,

When forming this corporation last year & not realizing a new UBR was required by 05/01/03 and also & did not receive in the mail a new application, the Corporation status became lapsed.

Enclosed you will a filled out blank application & got on the internet with the required $150° fee and 8.75 for a certificate of status. Please process and give back certificate of status to CSC to fed/Ex back to me because of the urgency of needing the certificate for business.

Thank you for your kindness and cooperation in this matter.

Sincerely,
Kenrick Prasad
President.

CORPORATION SERVICE COMPANY™

PAHC 303

ACCOUNT NO. : 072100000032

REFERENCE : 086680 7378134

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 158.75

ORDER DATE : May 8, 2003

ORDER TIME : 1:43 PM

ORDER NO. : 086680-005

CUSTOMER NO: 7378134

CUSTOMER: Mr. Kenrick Prasad
Atlantic Private Pre-school
Suite 1
8303 West Atlantic Boulevard
Coral Springs, FL 33071

ANNUAL REPORT FILING

NAME: ATLANTIC PRIVATE PRESCHOOL INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____