## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P02000054837

1. Entity Name

Principal Place of Business

EVAL SCHOOL OF NURSING, INC.



## **FILED** Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90329 025 \*\*\*158.75

1125 NW 15TH PLACE FT. LAUDERDALE FL 33317		Mailing Address 1125 NW 15TH PLACE FT. LAUDERDALE FL 33317		
Principal Place of	_ / _ ^	3. Mailing Address	· <u>·</u>	
840 E <sub>#</sub> Suite, Apt. #, etc.	^	Quito Ant # sta	<del></del>	
OKlana City & State	L Park Suite RC			☐ CHECK HERE IF MAKING CHANGES
		City & State		A FEI Number 3 G 7 8 8 7 7 Not Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired X \$8.75 Additional
6. N	ame and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
CENA, EVALES 1125 NW 15TH P FT. LAUDERDALE			Nam Stree	me pet Address (P.O. Box Number is Not Acceptable)
			City	
8. The above named a	entity submits this statement for	the purpose of changing it	ts registered office	ce or registered agent, or bottom the State of Florida. I am familiar with, and accept
the obligations of re	gistered agent.			of registered agent, or barryin the State of Florida. I am familiar with, and accept
SIGNATURESignature, ty	PVAIES CEI	d title if applicable (NO	TE: Registore Agent sig	1a my 2/13/03
K .	W!!! FEE IS \$150.00		- Hegis are Agent sig	ignature required when reinstating)
After May 1,	2003 Fee will be \$550 nn		<del></del>	9. Election Campaign Financing \$5.00 May Be
	e to Florida Department of			Trust Fund Contribution
TITLE D	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME CENA, STREET ADDRESS 1125 N	EVALES W 15TH PLACE IDERDALE FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGSISTANT BOARD DIRECTOR Change MAddition
TITLE NAME		☐ Delete	TITLE	Vice-President Change Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	1040.1 44
TITLE NAME		☐ Delete	TITLE	Administrator Change Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	INOMAN COME DOM
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition.
STREET ADDRESS CITY-ST-ZIP	er er	Maring and the second s	STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
12. I hereby certify that the indicated on this report of the corporation of the changed, or on an att	ne information supplied with this ort or supplemental report is true the receiver or trustee empower achment with an address, with	s filing does not qualify for the and accurate and that my ed to execute this report a all other like empowered.	the exemption stally signature shall his required by Cha	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director paper 607, Florida Statutes and may make appears in Block 10 or Block 11 if

SIGNATURE:

**SIGNATURE REQUIRED** 

(954) 661-3482