FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90337 045 ***150.00

DOCUMENT # P02000074729

1. Entity Name
Baoba Educational Services Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
936 Phoenix Way		936 Phoenix Way	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: Weston, FL		City & State: Weston, FL	
Zip: 33327	Country	Zip: 33327	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Hector Brignone
Street Address (P.O. Box Number is Not Acceptable)
936 Phoenix Way
City: Weston FL Zip Code: 33327

DO NOT WRITE IN THIS SPACE

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: Hector Brignone — 04/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P
NAME	Brignone, Hector
STREET ADDRESS	936 Phoenix Way, Weston, FL, 33327
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Héctor Brignone — 04/26/04 — 9546590647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #