

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90053 029 ***150.00

0157663 AV

DOCUMENT # P02000084714

1. Entity Name
PROSPECT EDUCATIONAL SYSTEM INC.



Principal Place of Business
**2620 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

Mailing Address
**2620 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

11027416



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

412053020

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONINE, MERLAND J
2871 SUNRISE LAKES DR. E.
SUNRISE FL 33322**

Name
SUSAN A. SELIKOFF

Street Address (P.O. Box Number is Not Acceptable)

2620 HOLLYWOOD BLVD.

City
HOLLYWOOD,

FL

Zip Code
33020

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 *Susan A. Selikoff*
Signature, typed or printed name of registered agent and title if applicable.

SUSAN A. SELIKOFF

4/28/2003

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** ☒ Delete
NAME **VESKOSKY, THEODORE F**
STREET ADDRESS **3811 N.W. 115TH TERR.**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **P/D** ☐ Change ☒ Addition
NAME **HEIDEMAN, GERALD C.**
STREET ADDRESS **16330 GULF BLVD. #303**
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

TITLE **V** ☒ Delete
NAME **MAYNARD, RUSSELL K**
STREET ADDRESS **RD 2 KELSEY RD.**
CITY-ST-ZIP **TYRONE PA 16686**

TITLE **S/D** ☐ Change ☒ Addition
NAME **SELIKOFF, SUSAN A.**
STREET ADDRESS **4331 NW 115 AVENUE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **V** ☐ Delete
NAME **PLOSKINA, PETER C**
STREET ADDRESS **1814 WASHINGTON BLVD.**
CITY-ST-ZIP **GLASSPORT PA 15045**

TITLE **D** ☐ Change ☒ Addition
NAME **GINSBERG, MORTON L.**
STREET ADDRESS **245 EAST 63RD STREET, SUITE 26D**
CITY-ST-ZIP **NEW YORK, NEW YORK 10021**

TITLE **ST** ☐ Delete
NAME **VESKOSKY, DONNA J**
STREET ADDRESS **3811 N.W. 15TH TERR.**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **T/D** ☒ Change ☐ Addition
NAME **3811 NW 115 TERRACE**
STREET ADDRESS **SUNRISE, FL. 3323**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VESKOSKY, BRIAN A**
STREET ADDRESS **3710 LOS FELIZ BLVD., STE. 23**
CITY-ST-ZIP **LOS ANGELES CA 90027**

TITLE **D** ☒ Change ☐ Addition
NAME **VESKOSKY, BRAIN A.**
STREET ADDRESS **13423 CONTOUR DRIVE**
CITY-ST-ZIP **SHERMAN OAKS, CA. 91423**

TITLE **D** ☐ Delete
NAME **MALENGI, KRISTINE M**
STREET ADDRESS **7015 N.W. 38 MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☒ Change ☐ Addition
NAME **MALENGI, KRISTINE M.**
STREET ADDRESS **3583 COCO PLUM CIRCLE**
CITY-ST-ZIP **COCONUT CREEK, FL 33063**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Susan A. Selikoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/30

954-923-8100

Date

Daytime Phone #

CR2E034 (10/02)

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Attachment

11027416
Page 2
Block 16

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STREET ADDRESS	1814 WASHINGTON BLVD.	
CITY-ST-ZIP	GLASSPORT PA 15045	
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TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DARYL L.	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, #1600	
CITY-ST-ZIP	MIAMI, FL. 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCFLICKER, HENRY	
STREET ADDRESS	508 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLOSKINA, THOMAS M.	
STREET ADDRESS	76 BERMUDA POINTE CIRCLE	
CITY-ST-ZIP	HILTON HEAD ISLAND, FL. 29926	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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