

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90210 050 \*\*\*\*61.25

0088972

**DOCUMENT # P30493**

1. Entity Name

**WORLD EDUCATION, INC.**

Principal Place of Business

**44 FARNSWORTH STREET  
 BOSTON MA 02210**

Mailing Address

**44 FARNSWORTH STREET  
 BOSTON MA 02210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-1804349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SILVERSTONE, JON  
 28605 SW 172 ST  
 HOLMSTEAD FL 33030**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMSTEIN, JOEL H.	
STREET ADDRESS	44 FARNSWORTH STREET	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLTZ, WILLIAM	
STREET ADDRESS	43 LINCOLN STREET	
CITY-ST-ZIP	NEW HAVEN CT 06511	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLETTA, NAT	
STREET ADDRESS	44 FARNSWORTH ST	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDBERG, LELAND B	
STREET ADDRESS	44 FARNSWORTH STREET	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	C	<input type="checkbox"/> Delete
NAME	COVEY, JANE G	
STREET ADDRESS	44 FARNSWORTH STREET	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAYO-SMITH, RICHMOND	
STREET ADDRESS	156 MOUNT VERNON STREET	
CITY-ST-ZIP	BOSTON MA 02108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/01

CR2E037 (10/00)