

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060179

1. Entity Name

FLORIDA EDUCATION INSTITUTE, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90039 035 \*\*\*150.00

Principal Place of Business

702 SW 57 AVENUE  
MIAMI FL 33144  
US

Mailing Address

5915 SW 108 PL  
MIAMI FL 33173-1229

2. Principal Place of Business

4790 NW 7 STREET, #104  
Suite, Apt. #, etc.  
#104  
City & State  
MIAMI FL

3. Mailing Address

9321 SW 4 STREET, #108  
Suite, Apt. #, etc.  
#108  
City & State  
MIAMI, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0527372

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALENTI, RAMON  
5915 SW 108 PL  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name RAMON VALENTI

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

9321 SW 4 STREET

#108

City MIAMI

FL

Zip Code 33174

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME VALENTI, ELIZA C.  
STREET ADDRESS 5915 SW 108 PL  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE D  
NAME VALENTI, RAMON  
STREET ADDRESS 5915 SW 108 PL 9321 SW 4 STREET, #108  
CITY-ST-ZIP MIAMI FL 33173 MIAMI, FL 33174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON VALENTI

Date

Daytime Phone #

3/27/00 (305) 444-1515

CR02012 (3/00)