

# 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

3. Mailing Address

9321 SW 4 STREET, #108  
 Suite, Apt. #, etc.  
 #108



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0527372

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33174

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTI, RAMON  
 5915 SW 108 PL  
 MIAMI FL 33173

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

*Ramon Valenti*

3/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	VALENTI, ELIZA C.	5915 SW 108 PL	MIAMI FL	<input checked="" type="checkbox"/>
	VALENTI, RAMON	5915 SW 108 PL	MIAMI FL 33173	<input type="checkbox"/>
		9321 SW 4 STREET, #108	MIAMI, FL 33174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 powers.

SIGNATURE:

*Ramon Valenti*  
 RAMON VALENTI

Date

Daytime Phone #

3/27/00 (305) 444-1515

CR200012 (M/00)