

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0305877

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90103 011 \*\*\*150.00

DOCUMENT # **P95000052367**

1. Corporation Name  
**USCONNECT EDUCATION CENTERS OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**300 NW 82ND AVENUE  
#403  
PLANTATION FL 33324  
US**

Mailing Address  
**300 NW 82ND AVENUE  
#403  
PLANTATION FL 33324  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **321 N. University Dr.**  
Suite, Apt. #, etc.  
22 **Suite S-5**  
City & State  
23 **Plantation, FL**  
Zip  
24 **33324** Country  
25 **USA**

2a. Mailing Address  
26 **321 N. University Dr.**  
Suite, Apt. #, etc.  
27 **Suite S-5**  
City & State  
28 **Plantation, FL**  
Zip  
29 **33324** Country  
30 **USA**

3. Date Incorporated or Qualified  
**07/07/1995**

4. FEI Number  
**65-0601482** Applied For  
Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
**GREENBERG, JEFF  
11790 SW 89 STREET  
MIAMI FL 33186-2166**

10. Name and Address of New Registered Agent  
81 Name **Robert Miller**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**318 Indian Trace, # 141**  
83  
84 City **Weston** FL 85 Zip Code  
**33326**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Robert Miller, President**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4.26.99**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, ROBERT</b>	
STREET ADDRESS	<b>318 INDIAN TRACE, #141</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FINKELSTEIN, GREGORY</b>	
STREET ADDRESS	<b>20850 SAN SIMEON WAY., #602</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LEBAR, NEAL</b>	
STREET ADDRESS	<b>9825 SW 105TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.26.99 (954) 916-8528**

Date

Daytime Phone #

CR2E034 (11/98)