

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

03-12-2001 90507 019 ***150.00

DOCUMENT # P95000062645

1. Entity Name

EDUCATIONAL WHOLESALERS, INC.

Principal Place of Business

**8700 SOUTH WEST 137TH COURT
 MIAMI FL 33183**

Mailing Address

**P.O. BOX 56-1987
 MIAMI FL 33256
 US**

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

65-0599238

Applied For

Not Applicable

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

MARCUS, PAUL R

9990 SOUTH WEST 77TH AVENUE

PENTHOUSE 1

MIAMI FL 33156

Name

Robert Verna

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

7995 SW 155 St

City

Miami

FL

Zip Code

33157

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

Robert Verna

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/17/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **VERNA, ROBERT**
 CITY-ST-ZIP **8749 SOUTH WEST 134TH STREET 8700 SW 137 Ct**
MIAMI FL 33176 33183

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Robert Verna**
 CITY-ST-ZIP **8700 SW 137 Ct**
Miami FL 33183

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert Verna

7/17/01

(305)

385-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Educational Wholesalers

8749 SW 134 St., Miami, FL 33176 • (305) 252-9696 • Fax (305) 254-0012

WASHINGTON MUTUAL BANK, FA
MIAMI/KENDALL FINANCIAL CENTER 1740
MIAMI, FL 33156
63-8413-2670

HP95 0000624809

3/8/01

PAY

TO THE ORDER OF FLORIDA DEPARTMENT OF STATE

DATE

AMOUNT
**150.00

One Hundred Fifty and 00/100*****

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

NOT NEGOTIABLE

⑈000909⑈ ⑆26708413⑆265073⑈7⑈

EDUCATIONAL WHOLESALE

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

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2116 21228

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BANK OF AMERICA NA JAX
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03/14/01

6740232605

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/00

(305) 252-9696