

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90126 023 \*\*\*150.00

**DOCUMENT # P96000050418**

1. Entity Name  
**EDUCATIONAL CONSULTING, INC.**



Principal Place of Business  
**2123 NORTHWEST 62ND DRIVE  
BOCA RATON FL 33496**

Mailing Address  
**2123 NORTHWEST 62ND DRIVE  
BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0678801**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LOVING, JACK R  
1323 SOUTHEAST THIRD AVENUE  
FORT LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **GREENE, RICHARD S**  
STREET ADDRESS **2123 NOTHEWEST 62ND DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERT E. GREENE**  
STREET ADDRESS **239 E 79TH ST APT 6L**  
CITY-ST-ZIP **NEW YORK, N.Y. 10021**

TITLE **D** ☐ Delete  
NAME **GREENE, EDYTHE P**  
STREET ADDRESS **2123 NOTHEWEST 62ND DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Change ☒ Addition  
NAME **DR SHERRI GREENE**  
STREET ADDRESS **69 5TH AVE APT. 7H**  
CITY-ST-ZIP **NEW YORK, NY 10003**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: *Richard S. Greene* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2003 561-994-2343  
Date Daytime Phone #

CR2E034 (10/02)