

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054880

1. Entity Name

OV EDUCATIONAL CONCEPTS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90067 025 ***150.00

Principal Place of Business

Mailing Address

8300 N.W. 53 ST
STE. 308
MIAMI FL 33166
US

8300 N.W. 53 ST.
STE. 308
MIAMI FL 33133-5232
US

2. Principal Place of Business

3250 Mary Street

3. Mailing Address

3250 Mary Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

#202

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33133

Country

USA

Zip

33133

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0680964

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

CARDENAS, ALBERTO ESQ
201 SOUTH BISCAYNE BLVD.
26TH FLOOR
MIAMI FL 33131

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
VISIEDO, OCTAVIO J
2250 SW 131 COURT
MIAMI FL 33175 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
VISIEDO, MARIA T
2250 SW 131 COURT
MIAMI FL 33175 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00

305-4061110

CR2E034 (9/99)