

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063079

1. Entity Name

EXCELSIOR ARTZ PREPARATORY SCHOOL, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90795 030 ***150.00

Principal Place of Business

Mailing Address

5336 N UNIVERSITY DR
LAUDERHILL FL 33351
US

5336 N UNIVERSITY DR
LAUDERHILL FL 33351-5020
US

2. Principal Place of Business

5336 N. University Drive
Suite, Apt. #, etc.

3. Mailing Address

5336 N. University Drive
Suite, Apt. #, etc.
N/A



DO NOT WRITE IN THIS SPACE

City & State
Lauderhill Florida

City & State
Lauderhill, Florida

4. FEI Number 65-0690255

Applied For
Not Applicable

Zip Country
33351 U.S.A.

Zip Country
33351 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

WILLIAMS, LEVI J
200 SE 13TH ST
FERTIG & GRAMLING
FT LAUDERDALE FL 33068

Name Williams, Levi J
Street Address (P.O. Box Number is Not Acceptable)
200 SE 13TH ST
Fertig & Gramling
City Ft. Lauderdale FL Zip Code 33068

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 D
NAME BAUGH, KAYANN
STREET ADDRESS 6800 WEST CYPRESS ROAD STE 503
CITY-ST-ZIP PLANTATION FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E(34 (9/99)