2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000103548 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name NOB HILL ACADEMY CORP. 04-24-2000 90203 019 ***150.00 Mailing Address Principal Place of Business 867 N. NOBHILL ROAD 867 N. NOBHILL ROAD PLANTATION FL 33324 PLANTATION FL 33324-1076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0721935 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AVILA, MARLENE Street Address (P.O. Box Number is Not Acceptable) 867 N NOB HILL RD **PLANTATION FL 33324** Zip Code City FL 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) PILE NOW !!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition **VPST** ☐ Delete TITI F TITLE NAME NAME AVILA, MARLENE STREET ADDRESS STREET ADDRESS 14875 S.W. 45 CT. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Change Addition ☐ Delete TITLE TITLE ELLUST AVILA 14875 S.M. 45 OT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IE ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 it 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 attact ment with an address, with all other like empowered. SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #