2000 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # P97000015550 1. Entity Name "SEPT: EDUCATIONAL SERVICES, CONSULTANTS, & AND 05-09-2000 90141 039 ***150.00 Principal Place of Business Mailing Address 291-174TH STREET **290-174TH STREET** #2417 MIAMI BEACH FL 33160-3258 BEACH FL 33160 . 4 : SAME AS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 11 Applied For City & State 4. FEI Number City & State MIGALI SCH, 65-0781401 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME Registered PULLEN, SHEILA V Street Address (P.O. Box Number is Not Acceptable) 290-174TH STREET PH 2417 MIAMI BEACH FL 33160 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition TITLE P ☐ Change ☐ Delete TITLE NAME COO CAESAR, RUFUS NAME STREET ADDRESS 290 174TH ST PH 2417 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33160 Addition ☐ Delete TITLE TITLE BOLDEN, RHONDA L.H. NAME NAME 290-174TH ST PH 2417 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33160** Change ☐ Addition TITLE Delete TITLE NAME TOWNES, DIANE NAME 290 ;174TH ST PH 2417 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33160 Change Addition TITLE □ Delete TITLE PULLEN, SHEILA CAESAR NAME STREET ADDRESS 290 174TH ST PH2417 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33160 ☐ Change ☐ Addition TITLE TITLE ☐ Delete HARRIS, VANESSA E.S. NAME NAME STREET ADDRESS STREET ADDRESS 290-174TH ST. 2417 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33160 Addition Delete TITLE ☐ Change TITLE ZENA, GOTATO NAME NAME 290-174TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMIZECH FL 33160

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 pame 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 ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR CARES AND DELO 3/17/00-805/46-916/

IHANKS!

P9900001555D

SINCERELY,

SHEILA CAESAR

118446 118446

Note: Please include the name (addition)
Teacher Placement Services
on all documents for the
Company.
Thanks Again)