

FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P97000040688

1. Entity Name

EDUCATIONAL RESEARCH SYSTEMS, INC.



03 APR 10 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14224 SW 75 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

14224 SW 75 TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEEL Number
650751593

Applied For
Not Applicable

Zip
33183

Country
USA

Zip
33183

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
OSAMA A MOHAMMED

Street Address (P.O. Box Number is Not Acceptable)
14224 SW 75 TERRACE

City MIAMI, FL Zip Code 33183

DO NOT WRITE IN THIS SPACE

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]

OSAMA A MOHAMMED

4/2/2003

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OSAMA A MOHAMMED
PRESIDENT
14224 SW 75 TERRACE
MIAMI, FL 33183

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600015646296
04/10/03 - 01047 - 007 - \$150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

OSAMA A MOHAMMED

PRESIDENT

4/2/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/4/11

EDUCATIONAL RESEARCH SYSTEMS, INC.
14224 SW 75 TERRACE
MIAMI, FL 33183

April 2, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Doc # P97000040688

Dear Sir:

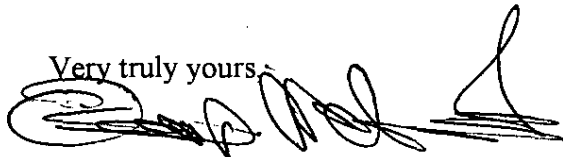
Enclosed please find a check for \$450.00 to cover annual report fees for CY 2001, CY 2002 & CY 2003 along with completed UBR form. I never received the renewal forms.

I have a new mailing address: 14224 SW 75th TERRACE MIAMI, FL 33183

Please accept this check in good faith, I was not aware until my accountant brought it up to my attention. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,



OSAMA A MOHAMMED
President