01-03

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 10 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040688

1. Entity Name

EDUCATIONAL RESEARCH SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14224 SW 75 TERRACE Suite, Apt. #, etc.	14224 SW 75 TERRACE Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33183 Country: USA	Zip: 33183 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650751593 ☐ Applied For ☐ Not Applicable

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

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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

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

600015645293
04/10/03--01047--007 **50.00

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CR2E034B (12/02)

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: _____ OSAMA A MOHAMMED PRESIDENT 4/2/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 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