

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057904

1. Entity Name
SOLUTIONS COMMON SENSE IN EDUCATIONAL PRACTICES,
INC.

Principal Place of Business
833 N.E. 17TH WAY
FORT LAUDERDALE FL 33304

Mailing Address

833 N.E. 17TH WAY
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

PYE, THOMAS G ESQ.
2787 E. OAKLAND PARK BLVD.
SUITE 301
FORT LAUDERDALE FL 33306

Name

Street

City

Thomas G. Pye, Esquire
23 NW 33rd Court, Suite 5
Gainesville, FL 32607

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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 PD
NAME GRANIERO, GERARD M
STREET ADDRESS 833 N.E. 17TH WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33304

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE STD
NAME AQUINO, FELIX M
STREET ADDRESS 833 N.E. 17TH WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33304

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Felix M. Aquino 01/07/02 (954-467-0975)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0309515
AV

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90007 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)