

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90023 015 \*\*\*558.75

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P97000075576</b>				<b>1. Entity Name</b>	
WHITMAN EDUCATION GROUP, INC.					
<b>Principal Place of Business</b>		<b>Mailing Address</b>			
4400 Biscayne Blvd. 6th Floor Miami, FL 33137		4400 Biscayne Blvd. 6th Floor Miami, FL 33137			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b>	
				22-2246554	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b>	
				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<del>Salzman, Richard B., Esq.</del> <del>4400 Biscayne Blvd, 6th Floor</del> <del>Miami, FL 33137</del>			Name Fernando L. Fernandez Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Blvd 6th Floor City Miami FL Zip Code 33137		
<b>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.</b>					
SIGNATURE		FERNANDO L. FERNANDEZ VP-Finance, CFO, Treasurer and Secretary DATE 7/12/2000			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pfenniger, Richard C.		NAME		
STREET ADDRESS	4400 Biscayne Boulevard		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33137		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP-Finance, CFO, Treasurer and Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Fernando L.		NAME		
STREET ADDRESS	4400 Biscayne Boulevard		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33137		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Proto, Randy S.		NAME		
STREET ADDRESS	4400 Biscayne Boulevard		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33137		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salzman, Richard B.		NAME		
STREET ADDRESS	4400 Biscayne Boulevard		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33137		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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 reports 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.</b>					
SIGNATURE:		FERNANDO L. FERNANDEZ		7/12/2000 (305) 575-6512	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (9/99)