

# 2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P98000002195

1. Entity Name

PROFESSIONAL EDUCATION ENTERPRISES, INC.

FILED

00 JUL 14 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2651 N.W. 84TH AVENUE  
CORAL SPRINGS FL 33065

Mailing Address

2651 N.W. 84TH AVENUE  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0805605

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, OLGA E  
2651 N.W. 84TH AVENUE  
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME HENRY, OLGA E  
STREET ADDRESS 2651 NW 84TH AVE.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900003335099--3  
CITY-ST-ZIP -07/25/00--01055--017

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 954-755-0776  
Date Daytime Phone #

KE

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**PROFESSIONAL EDUCATION ENTERPRISES, INC**



*Helping People Help Themselves through Knowledge*

July 10, 2000

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

Following today's telephone conversation, I am sending you a check for \$150.00 per your instructions and the Uniform Business Report which you mailed with a late fee.

As mentioned, I mailed the original report, with my check, on April 15, 2000 but, as explained by phone, it was not received by your office. Unfortunately, I did not make a copy.

Thank you for your consideration and assistance in this matter.

Sincerely,

Olga E. Henry  
President

encl.