

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90132 038 ***150.00

0173472

DOCUMENT # P98000051453

1. Entity Name

BAY POINT EDUCATIONAL SERVICES, INC.

Principal Place of Business

**4955 LAKEVIEW DRIVE
 MIAMI FL 33140**

Mailing Address

**4955 LAKEVIEW DRIVE
 MIAMI FL 33140**

2. Principal Place of Business

8082 SW 173rd TERR

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33157

Country

Miami-Dade

4. FEI Number

65-0844790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STOLZENBERG, KEITH H ESQ
 4950 S.W. 27TH AVENUE
 SUITE 210
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

Mary Louise Cole

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

8082 SW 173rd TERR

City

Miami, FL

FL

Zip Code

33157

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

Mary Louise Cole

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

2. Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

TITLE **DPS** ☐ Delete
 NAME **COLE, MARY LOU**
 STREET ADDRESS **4955 LAKEVIEW DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VP** ☐ Delete
 NAME **NELSON, GALE S**
 STREET ADDRESS **22025 SW 87TH AVE**
 CITY-ST-ZIP **MIAMI FL 33190**

TITLE **T** ☐ Delete
 NAME **NELSON, RICHARD JR**
 STREET ADDRESS **22025 SW 87TH AVE**
 CITY-ST-ZIP **MIAMI FL 33190**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres./CEO** ☒ Change ☐ Addition
 NAME **Cole, Mary Louise**
 STREET ADDRESS **8082 SW 173rd TERR**
 CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE ☐ Change ☐ Addition
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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:

Mary Louise Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)