

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078979

1. Entity Name

EDUCATIONAL AXIS INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90078 030 ***150.00

Principal Place of Business

Mailing Address

~~4135 LAGUNA STREET~~
~~SUITE A~~
~~CORAL GABLES FL 33146~~

~~4135 LAGUNA STREET~~
~~SUITE A~~
~~CORAL GABLES FL 33146-1442~~

2. Principal Place of Business

192 MINORCA AVE

Suite, Apt. #, etc.

3. Mailing Address

192 MINORCA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLA

City & State

CORAL GABLES, FLA.

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0867274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIYELLA, SYLVIA M

~~4135 LAGUNA STREET~~

~~SUITE A~~

~~CORAL GABLES FL 33146~~

7. Name and Address of New Registered Agent

Name

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

192 MINORCA AVE

City

CORAL GABLES

FL

Zip Code

33134

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS VIYELLA, SYLVIA M
CITY-ST-ZIP ~~4135 LAGUNA STREET SUITE A~~
~~CORAL GABLES FL 33146~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 192 MINORCA AVE
STREET ADDRESS
CITY-ST-ZIP CORAL GABLES, FLA 33134

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00

305 444 3020