

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098412

1. Entity Name

ADVANCEHED, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90040 018 ***150.00

Principal Place of Business 9554 BAY HARBOR TERRACE BAY HARBOR ISLAND FL 33154-2014	Mailing Address 9554 BAY HARBOR TERRACE BAY HARBOR ISLAND FL 33154-2011
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1076 ICANE CONCOURSE Suite, Apt. #, etc.	3. Mailing Address 1076 ICANE CONCOURSE Suite, Apt. #, etc.
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City & State BAY HARBOR ISLANDS, FL	City & State BAY HARBOR ISLANDS, FL	4. FEI Number 65-0754375	Applied For <input type="checkbox"/> Not Applicable
Zip 33154-2011	Country USA	Zip 33154-2011	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PHILLIP L GLICKMAN CPA
 605 IVES DAIRY RD #6103
 NO MIAMI BEACH FL 33179

605 IVES DAIRY ROAD #6103

7. Name and Address of New Registered Agent

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 _____ (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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D FOX, ELLEN G 9554 BAY HARBOR TERR BAY HARBOR ISLAND FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *COGNITIVE FINANCIAL*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000 Date
(305) 866-1509 Daytime Phone #

CR2E034 (9/99)