

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90058 008 ***150.00

DOCUMENT # **P98000098412**

1. Entity Name
ADVANCEHED, INC.

Principal Place of Business
9500 W BAY HARBOR DR 2A
BAY HARBOR ISLAND FL 33154

Mailing Address
9500 W BAY HARBOR DR 2A
BAY HARBOR ISLAND FL 33154

2. Principal Place of Business

3. Mailing Address

9500 W Bay Harbor DR

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLA

Zip

Zip

33154

Country
USA

Country

4. FEI Number

65-0754375

Applied For

Not Applicable

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

FOX, ELLEN
9500 W BAY HARBOR DR 2A
BAY HARBOR ISLAND FL 33154

Name **Sophie Lima E.A**

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

1559 N.E 167 St

City

N.M. FLA--33167 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 **Ellen m FOX**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
FOX, ELLEN G
9554 BAY HARBOR TERR
BAY HARBOR ISLAND FL 33154

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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: **Ellen m FOX**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

824378
#P98000098412

Pyramid Accounting Services, Inc.

Bookkeeping / Accounting Services
Income Taxes, Individual & Corporate
Payroll Services, Incorporations
Systems Consulting, Notary
Enrolled To Practice Before The IRS

Sophia Lima, E.A.

1559 N.E. 167 Street
N. Miami Beach, FL 33162
Tel: (305) 919-8980, Fax: (305) 919-8930
Bpr: (305) 699-1040
Email: sophiespyramid@cs.com