

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-21-2002 90058 008 ***150.00

FILED

DOCUMENT # **P98000098412**

1. Entity Name
ADVANCEHED, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9500 W Bay Harbor DR
 Suite, Apt. #, etc. **24**
 City & State **BHI**
 Zip **33154** Country **USA**

3. Mailing Address
SAME
 Suite, Apt. #, etc.
 City & State **FLA**
 Zip 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
FOX, ELLEN
9500 W BAY HARBOR DR 2A
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent
 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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD FOX, ELLEN G 9554 BAY HARBOR TERR BAY HARBOR ISLAND FL 33154
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
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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: **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) 919-8990
Bpr: (305) 699-1040
Email: sophiespyramid@cs.com