

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-27-2003 90333 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P98000098412

1. Entity Name
ADVANCEHED, INC.



Principal Place of Business
9500 W BAY HARBOR DR
24
BAY HARBOR ISLAND FL 33154

Mailing Address
9500 W BAY HARBOR DR
24
BAY HARBOR ISLAND FL 33154



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0754375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LIMA, SOPHIA
1559 NE 187 STREET
MIAMI FL 33187

Esther SuperStein
1180 KANE CONCOURSE
Suite 309
BHL, FLA. 33154 - 305-861-7997
FAX 305-866-0578

Name ESTHER SUPERSTEIN
Street Address (P.O. Box Number is Not Acceptable)
1108 KANE CONCOURSE #309
City Bay Harbor FL Zip Code 33154

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

2/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)