## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State P98000099919 DOCUMENT # 1. Entity Name A SMALL WORLD SCHOOL, INC. 05-20-2002 90102 043 \*\*\*150 00 Mailing Address Principal Place of Business 9401 SW 168TH ST 9401 SW 168TH ST **MIAMI FL 33157 MIAMI FL 33157** 3. Mailing Address 2. Principal Place of Business 1クラ ブセレバタ 10725 SW 133 Terrace 6725\_ 50 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0885396 Not Applicable Miam 1/1941 **\$8.75** Additional Zip 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent 11v194n -KISSANE, VIVIANNE Street Address (P.O. Box Number is Not Acceptable) 15500 SW 85AVE MIAMI MIAMI FL 33157 37156 119m1 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) re, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Kissane, Vivianne Change 6725 SW. 137 Terrace TITLE ☐ Delete TITLE NAME KISSANE, VIVIANE NAME STREET ADDRESS 15500 SW 85TH AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP TITLE ☐ Delete KISSANT GENE 4725 SW 133 TEVVACE NAME KISSANE, GENE NAME STREET ADDRESS 15500 SW 85TH AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: