

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000102640**

1. Entity Name

NANA'S SCHOOLS, INC.

Principal Place of Business

Mailing Address

**1010 S FEDERAL HWY
HALLANDALE FL 33009
US****1250 E. HALLANDALE BEACH BLVD. #805
HALLANDALE FL 33009-4642**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHERMAN, ALVIN
1250 E HALLANDALE BEACH BLVD
STE 805
HALLANDALE FL 33009**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	AIKEN, MARIE	
STREET ADDRESS	1010 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	SHERMAN, JAYNE	
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD. #805	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	SHERMAN, ALVIN	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD #805	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	HEMBO, SUSAN	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD #805	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hembo, Susan	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90107 041 ***150.00

00004469



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3552798**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****Susan Hembo****1/7/00****954-455-9000**