

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90176 038 ***150.00

DOCUMENT # P99000019655

1. Entity Name

College Assistance & Scholarship Hlp. Inc.

Principal Place of Business

1515 N. Federal Hwy
 Suite 300
 Boca Raton, FL 33432

Mailing Address

1515 N. Federal Hwy
 Suite 300
 Boca Raton, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

218

Suite, Apt. #, etc.

218

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0891544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0067113

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Arresty, Maurice
 1515 N. Federal Hwy
 Suite 300
 Boca Raton, FL 33432

Name

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

Suite 218

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

Maurice Arresty Director

4-25-01

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, 2001 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 PD
 NAME Maurice Arresty
 STREET ADDRESS 1515 N. Federal Hwy Suite 300
 CITY-ST-ZIP Boca Raton, FL 33432 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME Suite 218
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Maurice Arresty Maurice Arresty

4-25-01

561-388-5589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Print *

CR2E034 (11/00)