

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020362

1. Entity Name

NEW PEDAGOGY PUBLISHERS, INC.

FILED

Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90017 048 \*\*\*158.75

Principal Place of Business

13912 SW 103 LANE  
MIAMI FL 33196

Mailing Address

13912 SW 103 LANE  
MIAMI FL 33196

2. Principal Place of Business

761 N W 167<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

City & State

Miami

City & State

← SAME

Zip

FL 33169

Country

Zip

Country

4. FEI Number 65-0905724

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANCOIS, JEAN C  
13912 SW 103 LANE  
MIAMI FL 33196

8215 SW 152<sup>th</sup>  
Miami, FL 33193

7. Name and Address of New Registered Agent

Name  
Jean-Claude Francois

Street Address (P.O. Box Number is Not Acceptable)  
8215 SW 152<sup>th</sup> Avenue

City  
Miami

FL

Zip Code  
33193

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

*J. Francois*

Jean-Claude Francois

January 24, 2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JEAN CLAUDE, FRANCOIS 13912 SW 103 LANE MIAMI FL 33196	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDM PIERRE-LOUIS, EDRIC 136 JEATON LANE AMITYVILLE NY 11701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST- VILLARD, YANIQUE 13912 SW 103 LANE MIAMI FL 33196	<input checked="" 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	CEO JEAN-CLAUDE FRANCOIS 8215 S.W. 152 <sup>th</sup> Avenue Miami, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDM Joseph Pierre-Louis 17621 N.E. 7 <sup>th</sup> Avenue Miami, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST- Yanique Villard 8215 SW 152 <sup>th</sup> Avenue Miami, FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address
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

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:

*J. Francois* Jean-Claude Francois

January 24, 2001

305-622-6454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)