## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P99000029810 THE CERTIFICATION ACADEMY INC. 04-03-2001 90046 022 \*\*\*150.00 Principal Place of Business Mailing Address 3743 IRVINGTON AVE 3743 IRVINGTON AVE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 3. Mailing Address 2. Principal Place of Business 3138 Commodore L'ommodore DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0919361 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Dade Fee Required 33133 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEELE, JOHN Street Address (P.O. Box Number is Not Acceptable) **3743 IRVINGTON AVE** Commodore Plaza **COCONUT GROVE FL 33133** Zip Code 33133 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition TITLE TITLE ☐ Delete STEELE, JOHN NAME 9138 Commodore Plaza, Ste. Coconut Grove, Fa 33133 3743 IRVINETON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL 33133** CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change-TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 rustee 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.