2092 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am P99000029810 Secretary of State DOCUMENT # 1. Entity Name THE ACADEMY OF SOUTH FLORIDA, INC. 02-11-2002 90221 023 ***150.00 Principal Place of Business Mailing Address 3138 COMMODORE PLAZA 3138 COMMODORE PLAZA 404578 SHITE #7 SUITE #7 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 3. Mailing Address 2. Principal Place of Business 3100 South Dikie Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0919361 GROVE tha. Coconot MIGHI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 420 C 33233 33137 usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEELE, JOHN Street Address (P.O. Box Number is Not Acceptable) 3138 COMMODORE PLAZA SUITE #7)? **COCONUT GROVE FL 33133** City Zip Code FL 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. 12. CR2E034 (9/01) TITLE TITLE Change ☐ Addition ☐ Delete STEELE, LOHN LR. STEELE, JOHN NAME NAME 3100 South Dixie Highway 3138 COMMODORE PLAZA STE #7 STREET ADDRESS STREET ADDRESS CUCONUT GROVE, FLG. 33183 **COCONUT GROVE FL 33133** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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 impowered 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 ac

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Dayt.me Phone #