

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90010 036 ***150.00

DOCUMENT # P99000046919

1. Entity Name
A SMALL WORLD SCHOOL 2, INC.

Principal Place of Business

**9401 SW 168TH STREET
 MIAMI FL 33157**

Mailing Address

**9401 SW 168TH STREET
 MIAMI FL 33157**

2. Principal Place of Business

10725 SW 133 Terr
 Suite, Apt. #, etc.

3. Mailing Address

10725 SW 133 Terr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	Country USA	Zip 33150	City & State MIAMI FL	Country USA	Zip 33150
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6. Name and Address of Current Registered Agent

**KISSANE, JOSEPH T
 76 SOUTH LAURA STREET SUITE 1702
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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 *Joseph T Kissane* **2-21-02**
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D KISSANE, VIVIANNE R 15500 SW 85TH AVENUE MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 10725 SW 133 Terr. MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISSANE, EUGENE P 15500 SW 85TH AVENUE MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 10725 SW 133 Terr. MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Vivianne R Kissane*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02 **305 244 3904**
 Date Daytime Phone #

CR2E034 (9/01)