2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000050655 Feb 08, 2000 8:00 am 1. Entity Name **Secretary of State** EDUPRENEURSHIP, INC. 02-08-2000 90152 041 ***150.00 Mailing Address Principal Place of Business 1313 FUNSTON STREET 1313 FUNSTON STREET HOLLYWOOD FL 33019-2219 HOLLYWOOD FL 33019 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 0941532 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYNN SHASE MIGUI STOLL, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 2300 EAST LAS OLAS BLVD. 4TH FLOOR FORT LAUDERDALE FL 33301-1578 City 8. The above named entity submits this statement for the purpose of changing its registered of common statement for the purpose of changing its registered of common statement. FILE NOW !! FEE 1 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1,2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE □ Delete TITLE JUDITH LYNN SHASEL SHASEK, JUDY NAME STREET ADDRESS STREET ADDRESS 1313 FUNSTON STREET CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Addition Change TITLE ☐ Delete TITLE SHASEK, EDWARD NAME NAME STREET ADDRESS 1313 FUNSTON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 . Addition ☐ Change Delete TIT! F stoll, Jeffrey R NAME NAME STREET ADDRESS STREET ADDRESS 2300 EAST LAS OLAS 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301-1578 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.