

FILED
Apr 18, 2000 8:00 am
Secretary of State
01-18-2000 90130 016 ***150.00

DOCUMENT # P99000057102

1. Entity Name
CAMBRIDGE ACADEMIC, REMEDIATION, AND ENRICHMENT

Principal Place of Business Mailing Address
3111 N. UNIVERSITY DR #720 3111 N. UNIVERSITY DR #720
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-5099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0928060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FISHER, LAWRENCE
3111 N. UNIVERSITY DR #720
CORAL SPRINGS FL 33065

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D. S. FISHER, LAWRENCE
STREET ADDRESS		STREET ADDRESS	3111 UNIVERSITY DR. #720
CITY-ST-ZIP		CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D. P. EPSTEIN, LARRY
STREET ADDRESS		STREET ADDRESS	3111 UNIVERSITY DR. #720
CITY-ST-ZIP		CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D. P. MOSCOWITZ, DORA
STREET ADDRESS		STREET ADDRESS	3111 UNIVERSITY DR. #720
CITY-ST-ZIP		CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Lawrence Fisher LAWRENCE FISHER 16/02 (954) 345-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034 (9/99)