

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90112 049 ***158.75

DOCUMENT #

1. Entity Name

C & P EDUCATIONAL SERVICES CORPORATION

Principal Place of Business

490 W. 35 PLACE
 HIALEAH, FL 33012

Mailing Address

P.O. BOX 840624
 PEMBROKE PINES, FL 33084

2. Principal Place of Business
 490 W. 35 PLACE

3. Mailing Address
 P.O. BOX 840624

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 HIALEAH, FL

City & State
 PEMBROKE PINES, FL

4. FEI Number
 650936058

Applied For
 Not Applicable

Zip
 33012 Country
 MIAMI-DADE

Zip
 33084 Country
 BROWARD

5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLOMON, JEFFREY ESQ.
 3864 SHERIDAN STREET
 HOLLYWOOD, FL 33021

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

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, 2001 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
 PRESIDENT
 MARCIA ABREU
 490 W. 35 PLACE
 HIALEAH, FL 33012 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)



EDUCATIONAL
SERVICES
Pet First Aid Courses

Attachment
DH# P990065388
A0083151

August 20, 2001

Attn: 2001 Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: C & P Educational Services Corporation
Tax ID # 650936058

Dear Sir or Madam:

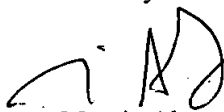
Please find attached the Profit Uniform Business Report form for C & P Educational Services Corporation Tax ID# 650936058, along with the \$150.00 fee.

On 8/20/01 I contacted your office at (850) 487-6096 and spoke to one of your representatives and explained that I had never received this form. She advised that I did not need to pay the late fee, since when she checked in her computer records, the forms showed to have been returned to your office.

Therefore, please find enclosed a check #189 in the amount of \$158.75 to cover the Profit Annual Report and a certificate of status.

Please feel free to contact me at 305-827-0089 should you need further information.

Thank you for your attention,


Marcia Abreu
President