

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90064 041 ***158.75

DOCUMENT # S73956 ✓
 1. Entity Name
American Counseling & Education Center, INC

Principal Place of Business Mailing Address
1864 N.W 175th St. 1864 N.W 175th St
Miami, FL 33056 Miami, FL 33056

953460

2. Principal Place of Business 3. Mailing Address
1864 N.W 175th St 1864 N.W 175th St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Miami, FL 33056 Miami, FL 33056
 Zip Country Zip Country
33056 Miami-Dade 33056 Miami-Dade

4. FEI Number Applied For
65-0625792 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Cornell Rolle
1864 N.W 175th St
Miami, FL 33056

7. Name and Address of New Registered Agent
 Name Cornell Rolle
 Street Address (P.O. Box Number is Not Acceptable)
1864 N.W 175th St
 City Miami FL Zip Code 33056

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 Cornell Rolle DATE 4-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Cornell Rolle</u>	
STREET ADDRESS	<u>1864 N.W 175th St</u>	
CITY-ST-ZIP	<u>Miami, FL 33056</u>	
TITLE	<u>VP./S.</u>	<input type="checkbox"/> Delete
NAME	<u>Bobbie Rolle</u>	
STREET ADDRESS	<u>1864 N.W 175th St</u>	
CITY-ST-ZIP	<u>Miami, FL 33056</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>President</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Cornell Rolle</u>	
STREET ADDRESS	<u>1864 N.W 175th St</u>	
CITY-ST-ZIP	<u>Miami, FL 33056</u>	
TITLE	<u>VP./S.</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Bobbie Rolle</u>	
STREET ADDRESS	<u>1864 N.W 175th St</u>	
CITY-ST-ZIP	<u>Miami, FL 33056</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Cornell Rolle DATE 4-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)