FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # \$96203 Jan 18, 2001 8:00 am Secretary of State SHEPHERD EDUCATIONAL ASSOCIATES, INC. 01-18-2001 90002 011 ***150.00 Principal Place of Business Mailing Address 13450 S.W. 104TH AVENUE 13450 S.W. 104TH AVENUE MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0301446 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARD, WILLIAM D., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2625 PONCE DE LEON BLVD. SUITE 220 **CORAL GABLES FL 33134** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. LUKES DR. WILLIAM G. JR, 13450 SW 104 AVE CR2E034 (10/00) TITLE ☐ Delete TITLE LUKES, DR. WILLIAM G SR NAME NAME STREET ADDRESS 13450 S.W. 104TH AVE. STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TD TITLE X Delete TITLE Change ☐ Addition CHRYSTAL, VANCE NAME NAME STREET ADDRESS 10342 SW 141ST ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP SD, TD LUKES, ROBBIEH. TITLE Delete TITLE LUKES, ROBBIE H. NAME NAME 13450 SW 104 AVE. MIAMI, FL 33176 STREET ADDRESS 13450 S.W. 104TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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