

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90142 012 ***150.00

DOCUMENT # **149208**

1. Entity Name

TOBY ROSE'S COLLEGE PREP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12683 So. Dixie Hwy

3. Mailing Address

440 ROVINO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA

City & State

CORAL GABLES FLA

4. FEI Number

65-0356131

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MAURICE DONSKY

Street Address (P.O. Box Number is Not Acceptable)

440 ROVINO AVE

City

CORAL GABLES

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRES. / O
NAME	TOBY ROSE
STREET ADDRESS	12683 S. DIXIE HWY
CITY - ST - ZIP	MIAMI FLA 33156
TITLE	V. PRES / O
NAME	MAURICE DONSKY
STREET ADDRESS	440 ROVINO AVE
CITY - ST - ZIP	CORAL GABLES FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

MAURICE DONSKY V. PRES

Date

4/10/02

Daytime Phone #

305-238-7737

CR2E034B (12/01)