

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046877

1. Entity Name  
NT SCHOOL.COM INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90301 049 \*\*\*150.00

Principal Place of Business <del>300 N.W. 82ND AVE. #401 FT. LAUDERDALE FL 33324</del> 8211 W. BROWARD Blvd #350 FT. LAUDERDALE, FL 33324	Mailing Address <del>300 N.W. 82ND AVE. #401 FT. LAUDERDALE FL 33324-1845</del> 8211 W. BROWARD BLVD #350 FT. LAUDERDALE, FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0868062** Applied For  
Not Applicable

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

**BUSINESS FLINGS INCORPORATED**  
1186 OCEAN SHORE BLVD., SUITE 195  
ORMOND BEACH FL 32176

Name **RON RUBENS**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 N.W. 82ND AVE., #401**  
City **FT. LAUDERDALE, FL** Zip Code **33324**

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]* DATE **5/31/00**  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBENS, RON</b>	NAME	
STREET ADDRESS	<b>300 N.W. 82ND AVE., #401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33324</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUFMAN, DAVID</b>	NAME	
STREET ADDRESS	<b>300 N.W. 82ND AVE., #401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33324</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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)(l), 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]* **Ron Rubens** DATE: **4/25/00** DAYTIME PHONE #: **954-370-7583**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR