

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90023 001 \*1,100.00

0018900  
AV

**DOCUMENT # P98000046877**

1. Entity Name  
**NT SCHOOL.COM INC.**

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Principal Place of Business      Mailing Address  
**8211 W BROWARD BLVD**      **8211 W BROWARD BLVD**  
**#350**      **#350**  
**FT. LAUDERDALE FL 33324**      **FT. LAUDERDALE FL 33324**

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

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City & State      City & State

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Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

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**

**RUBENS, RON**      *Change of Address*  
**300 NW 82ND AVE**  
**#401**  
**FT. LAUDERDALE FL 33324**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable)  
**8211 W Broward Blvd, Suite 350**  
City **Plantation**      **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 *Ron Rubens*      DATE \_\_\_\_\_  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>RUBENS, RON</b> <b>300 N.W. 82ND AVE., #401</b> <b>FT. LAUDERDALE FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8211 W. Broward Blvd, Suite 350</b> <b>Plantation, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAUFMAN, DAVID</b> <b>300 N.W. 82ND AVE., #401</b> <b>FT. LAUDERDALE FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8211 W Broward Blvd, Suite 350</b> <b>Plantation, FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Ron Rubens*      **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

CR2E034 (5/01)