## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 10, 2000 8:00 am Secretary of State **DOCUMENT # J33273** ALPHABET LEARNING CENTER, INC. 02-10-2000 90036 014 \*\*\*150.00 Principal Place of Business Mailing Address 4423 KELLY ROAD 4423 KELLY ROAD TAMPA FL 33615 TAMPA FL 33615-5203 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country 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 GRIMALDO, YADIRA Street Address (P.O. Box Number is Not Acceptable) 9822 BRIDGETON DR. TAMPA FL 33626 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete TITLE GRIMALDO, YADIRA NAME NAME STREET ADDRESS STREET ADDRESS 9822 BRIDGETON DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 Change ☐ Addition STD ☐ Delete TITLE GRIMALDO, HERNANDO NAME NAME STREET ADDRESS STREET ADDRESS 9822 BRIDGETON DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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)(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 appears, with all other like empowered.

SIGNATURE: