

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

02-21-2003 90022 037 ****50.00
L01000007077

DOCUMENT # **L01000007077**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 11 PM 4:58

2/3/18

1. Entity Name OVIDE DECOROLY EDUCATIONAL CENTER, L.L.C. <i>Decoroly</i>		Principal Place of Business 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021		Mailing Address 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1100638		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Leonardo A. Roth Esq* **LEONARDO A. ROTH, Esq** *2/18/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLEROS GONZALEZ, ENRIQUETA 3440 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <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	MGRM CALLEROS, CLAUDIA MATUS 3440 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <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	MGRM CALLEROS, ALEJANDRA MATU S 3440 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <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	MGRM MATUS, EILEEN 3440 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <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	MGRM MATUS CALLEROS, FABIOLA 3440 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <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	MGRM MATUS CALLEROS, LUCIANO 3440 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *ENRIQUETA CALLEROS MATUS* **ENRIQUETA CALLEROS MATUS** *2/18/03* **954-322-4280**
Signature and typed or printed name of signing managing member, manager, or authorized representative. Date Daytime Phone #

CR2E083 (10/02)