

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90050 048 ****61.25

DOCUMENT # N00000007270

1. Entity Name

PROGRESSIVE C. LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

**5347 S.W. 25TH ST.
HOLLYWOOD FL 33023**

**P O BOX 3906
HOLLYWOOD FL 33083**

2. Principal Place of Business

3600 S. State Road 7

3. Mailing Address

Suite, Apt. #, etc.
#257

Suite, Apt. #, etc.

City & State
Miramar, Fl.

City & State

4. FEI Number

65-1047532

Applied For

Not Applicable

Zip
33023

Country
Broward

Zip

Country

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

**JENKINS, ROSALIE
5341 SW 25 ST
HOLLYWOOD FL 33083**

Name

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

3600 S. State Road & (441) Su 257

Suite # 257

City
Miramar,

FL

Zip Code
33023

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

Rosalie Jenkins
Signature, typed or printed name of registered agent and title if applicable.

4/15/02

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, MAMIE 1731 NW 36 TERR FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GALE 101 SW 29 AVE FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, SR., ALTON G P.O. BOX 4426 HOLLYWOOD FL 33083	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ROSALIE 5347 S.W. 25TH ST. President HOLLYWOOD FL 33023 Treasurer	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Linda Strachan Secretary 5525 S.W. 41 St., Pembroke Park, Fl. 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lavaeda Bell Treasurer 7481 N.W. 33 St. Davie, Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lois Jackson V. President 141 N. W. 6th Ave. Dania Beach, Fl. 33004 Treasurer
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosalie Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 954)893-9351
Date Daytime Phone #

CR2E037 (9/01)