DOCUMENT # N37077

1. Entity Name

THREE - H LEARNING CENTER, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90039 016 ****96.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
36424 FLORRIE MAE LANE DADE CITY FL 33523 US	P.O. BOX 391 SAN ANTONIO FL 33576-0391 US

2. Principal Place of Business	3. Mailing Address
36546 THORN HEAVEN	
Suite, Apt. #, etc.: LANE	Suite, Apt. #, etc.
City & State: DADE CITY, FL	City & State
Zip: 33523 Country: U.S.A.	Zip Country

4. FEI Number: 65-0193322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLOM, BARTOLOME
18106 PARISH GROVE ROAD
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name: BARTOLOME COLOM
Street Address (P.O. Box Number is Not Acceptable): 36424 FLORRIE MAE LANE
City: DADE CITY FL Zip Code: 33523

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: BARTOLOME COLOM, PRES. 2-16-00
Signature, typed or printed name of registered agent and title if applicable. (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	DP BARTOULOME, COLOM 36424 FLORRIE MAE LANE DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULA, JUAN 15882 SW 138 CRT MIAMI FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WHITE, AIDA 317 WHITAKER ROAD LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COLOM, BARTOLOME 18106 PARRISH GROVE ROAD DADE CITY FL 33525	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VILLANUEVA, ROGELIO 3801 WEST JOE SANCHEZ RD PLANT CITY FL 33565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, CARLOS 9102 S.W. 179 STREET MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: BARTOLOME COLOM 2-16-00 (352) 523-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J37077 Attachment 000030.0

2-16-00

Additional Fee of $35.00 included

to obtain 4 Certificates of Status.

($8.75 @)

Thank You

Three H Learning Center, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #