2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37077

1. Entity Name
THREE H. LEARNING CENTER

FILED
01 APR 30 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
36546 THORNHAVEN LANE DADE CITY, FL 33523	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
AS ABOVE.	AS ABOVE
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired 10 ☑ $8.75 Additional Fee Required $87.50

6. Name and Address of Current Registered Agent	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 X Bartolome Colom 04/10/01
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	PRESIDENT BARTOLOME COLOM 36424 FLORRIE MAE LANE DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GLINDA SEUIGNY 116 SW 5TH AVE OKEECHOBEE FL 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUAN PAULA A.D.	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NASA COLOM 36424 FLORRIE MAE LANE DADE CITY FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AIDA WHITE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR EDITH LANGSTROM 1803 W. WARREN ST PLANT CITY FL 33566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROGELIO VILLANUEVA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR REP. MIKE FASANO 8217 MASSACHUSETTS AVE NEW PORT RICHEY FL 33465	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARLOS NEGRON	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NORMA SAWYER 325 JULIA ST. KEY WEST FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300004217233--5 -05/15/01 ##073--007 *****333.75 *****333.75	☐ Change ☐ Addition

CR2E037 (11/00)

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: X Bartolome Colom 04/10/01 (352) 523-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #