2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am **DOCUMENT # N37077** 1. Entity Name **Secretary of State** THREE - H LEARNING CENTER, INC. 02-12-2002 90086 001 ***552.50 Principal Place of Business Mailing Address 36546 THORNHAVEN LANE 36546 THORNHAVEN LANE DADE CITY FL 33523 DADE CITY FL 33523 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 65-0193322 Not Applicable Zip Country Country ه**8.75** Additionه 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COLOM, BARTOLOME 36424 FLORRIE MAE LANE DADE CITY FL 33523 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Addition ☐ Delete TITLE REEK PAULA, ROSA NAME COLOM, BARTOLOME NAME SW ISO TEARACE 15873 STREET ADDRESS STREET ADDRESS 36424 FLORRIE MAE LANE CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33523 TITLE D ☐ Delete TITLE ☐ Change **Addition** NAME COLOM, ROSA NAME 150 TERRACE STREET ADDRESS STREET ADDRESS 15873 36424 FLORRIE MAE LANE CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33523 MIAMI TITLE ■ Delete TITLE ☐ Change Addition NAME LANGSTROM, EDITH NAME ESPARZA, LOUROES ROBBIE MAR LANS STREET ADDRESS STREET ADDRESS 1803 W. WARREN ST. 36432 CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 DADE CITY 🗷 Delete TITLE Change ☐ Addition SAWYER, JOEMA SAWYER, NORMA NAME 325 JULIA ST. STREET ADDRESS 325 JULIA ST. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP KEY WEST FL 33040 KEY WEST FL 33040 TITLE Change Addition NORTON. A IDA NORTON, BRENDAN NAME NAME 17320 LINDA UISTA CIACLE 17320 LINDA U1584 CIRCLE STREET ADDRESS STREET ADDRESS LU17 FL 33549 CITY-ST-ZIP CITY-ST-ZIP 33549 TITLE TITLE BARTOLOME JR NAME COLOM NAME LANE BRAJOH FLUA AIG CUT OFF STREET ADDRESS 36424 1000 STREET ADDRESS 33523 DAPE CITY-ST-ZIP CITY-ST-ZIP OULEDO

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 trusted supplemental report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 352·523- 2078

(10/6)

SIGNATURE:

of the corporation or the receiver or truck changed, or on an attachment with a co-

(Cities Bustrion SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUN 1. Entity Name	MENT# ~ 37a°	77			1	Much	ment
THREE-H LEARNING CONTER, INC					Proc 2 12824		
Principal Place	e of Business	Mailing Address				_	
2. Principal Pla	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	-6-,	City & State		4. FEI Nur	nber		Applied For
Zip	Country	Zip	Country	5. Certific	ate of Status Desire		Not Applicable Additional
	6. Name and Address of Current	Registered Agent		7. Name a	and Address of Ne	Fee Resw Registered Agent	quirea
			Name	<u></u>			
			Street	Address (P.O. Box Nun	nber is Not Accept	able)	
			City			FL Zip	Code
8. The above n	named entity submits this statement for	r the nurnose of changing its	registered office	or registered agent or	both in the state o		
SIGNATURE	Ignature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signs	ature required when reinstating)	a , a	DATE	
	FILE NOW: FEE IS \$61,25	9. Election Campaigr Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees			
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