

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90113 041 ***150.00

DOCUMENT # P98000091300

1. Entity Name
THE LEARNING WORKSHOP, INC.

Principal Place of Business 7888 SW 102ND LANE MIAMI FL 33156	Mailing Address 7888 SW 102ND LANE MIAMI FL 33156-8117
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2. Principal Place of Business 9703 South Dixie Hwy Suite, Apt. #, etc. Suite 11	3. Mailing Address Suite, Apt. #, etc.
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City & State Miami, FL	City & State	4. FEI Number 52-2127235	Applied For <input type="checkbox"/> Not Applicable
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Zip 33156	Country US	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418	7. Name and Address of New Registered Agent Name: Claudia Rinaldi Street Address (P.O. Bx Number is Not Acceptable): 9703 South Dixie Hwy, Suite 11 City: Miami FL Zip Code: 33156
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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: *Claudia Rinaldi*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINALDI, CLAUDIA 7888 SW 102ND LANE MIAMI FL 33156 <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	D RINALDI, BRIAN 7888 SW 102ND LANE MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claudia Rinaldi* **CLAUDE Rinaldi** Date: 4/25/00 Daytime Phone #: 305-663-9806

CR2E034 (9/99)