

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90224 049 \*\*\*150.00

**DOCUMENT # P99000039468**

1. Entity Name  
**LEARNING YOUR WAY, INC.**

Principal Place of Business <b>10244 SW 18TH ST. DAVIE FL 33324-7435</b>	Mailing Address <b>10244 SW 18TH ST. DAVIE FL 33324-7435</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEL Number <b>65-0915022</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**WEINER, WENDY H**  
**10244 SW 18TH ST.**  
**DAVIE FL 33324-7435**

**7. Name and Address of New Registered Agent**  
 Name  
**Richard M. Weiner,**  
~~Richard M. Weiner~~ (PM Box Not Acceptable)  
**200 S.E. Sixth St., Suite 100E**  
 City **Fort Lauderdale** **FL** **33301**

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 *Wendy H. Weiner, Director & President* DATE **4/29/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wendy H. Weiner 10244 S.W. 18th St. Davie, FL 33324-7435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wendy H. Weiner 10244 S.W. 18th St. Davie, FL 33324-7435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard M. Weiner 10244 S.W. 18th St. Davie, FL 33324-7435
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
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
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)(l), 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: *Wendy H. Weiner* DATE: **4/29/00** DAYTIME PHONE #: **(954) 476-3794**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Wendy H. Weiner, Director & President**

FORM 1001 3

CR2E034 (9/99)