# T01000001215

LAW OFFICES

IVAN A. GOMEZ. P.A.

COURVOISIER CENTRE II
601 BRICKELL KEY DRIVE • SUITE 507
MIAMI, FLORIDA 33131-2623
(305) 371-9213
TELECOPIER (305) 358-4658

IVAN A. GOMEZ
BOARD CERTIFIED TAX ATTORNEY

September 26, 2001

Corporate Records Bureau Division of Corporations Department of State P. O. Box 6327 Tallahassee, FL 32314

Re: abcdespañol and design

OLDEC -4 AM 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORID

Dear Sir/Madam:

We are enclosing herewith three copies of the Trademark/Service Mark Application and three copies if the Application for the Registration of a Trademark or Service Mark for the above-referenced corporation. In addition, a check in the sum of \$87.50 is enclosed for the following fees:

Filing fee

\$87.50

Please mail a copy of the recorded Certificate of Registration to our office.

Your prompt attention to this matter is appreciated.

**800004618658---3** -10/01/01--01084--002 \*\*\*\*\*\*87.50 \*\*\*\*\*\*87.50

Very truly yours,

Ivan A. Gomez

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Description of goods

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#### LAW OFFICES

#### IVAN A. GOMEZ. P.A.

COURVOISIER CENTRE IJ
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MIAMI, FLORIDA 33131-2623
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IVAN A. GOMEZ
BOARD CERTIFIED TAX ATTORNEY

November 27, 2001

Corporate Records Bureau Division of Corporations Department of State P. O. Box 6327 Tallahassee, FL 32314

Re:

abcdespañol

Reference Number: W01000023355

#### Dear Sir/Madam:

Reference is made to your letter, dated October 9, 2001, a copy of which is transmitted herewith. As requested, we are transmitting herewith three (3) copies of the Application for the Registration of a Trademark or Service Mark, along with three permanent specimens for the above-referenced corporation. Please process the application and mail a copy of the recorded Certificate of Registration to our office.

Your prompt attention to this matter is appreciated.

Very truly yours,

Ivan A. Gómez

IAG/yb C:\WPDOCS\GonzalezI\FILING:12.wpd Enclosures

cc:

Javier Gonzalez



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 9, 2001

IVAN A. GOMEZ, P.A. COURVOISIER CENTRE II 601 BRICKELL KEY DRIVE, SUITE 507 MIAMI, FL 33131-2623

SUBJECT: ABCDESPANOL AND DESIGN

Ref. Number: W01000023355

We have received your document for ABCDESPANOL AND DESIGN and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

If the mark includes a logo or design, a brief written description must be provided.

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable — we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 201A00056210

### APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

то:	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	Name & ad	ldress to whom acknowled	igment shoul	d be sent	•	
		Javie	Javier Gonzalez				
	5116 S.W. 149 Place						
	Miami, Florida 33185						
		( <u>305</u> Daytime To	(305) 485-8889 Daytime Telephone number				
		PART I					
1. (a)	Applicant's name: Javier Gonza	lez			TA'S	0	
(b)	Applicant's business address: 5116	S.W. 149 H	Place		LAH	) 10E¢	
	Miami	, Florida	33185		ARY SSI	<u></u>	=
(c)	Applicant's telephone number: ( 305	) 405 0000	City/State/Zip	=	170		<u>E</u>
	Individual Corporation		☐ Joint Venture	Other:	- F S - F	<u></u>	
	General Partnership    Limited Par		Union	odici.		5	
	than an individual,	•			Þ	_,	-
(1) Flo	orida registration number:		_ (2) Domicile State:	Florid	Ja	_	
	deral Employer Identification Number: _						
2. (a)	If the mark to be registered is a service n (i.e., furniture moving services, diaper se	nark, the services ervices, house pa	s in connection with whinting services, etc.)	nich the man	rk is use	d:	
	Educational games to lear	n English.					
		<u>.</u>					
(	If the mark to be registered is a trademar (i.e., ladies sportswear, cat food, barbecu Educational games.	k, the goods in c e grills, shoe lace	onnection with which es, etc.)	the mark is	used:		
		, <del>194</del> #		<del></del>			
(c)	The mode or manner in which the mark	is used:(i.e., labe	ls, decals, newspaper a	dvertiseme	nts. broo	hures	

(Continued)

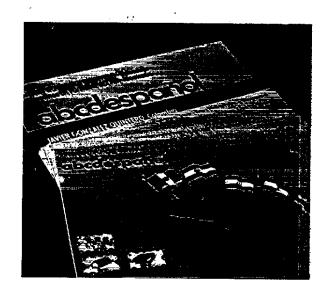
Labels, newspaper, advertisement, brochures, packaging, and

business cards.

(d) The class(es) in which goods or services	fall:		
Class 41 Education and En	tertainment.		
	^	·	<del></del>
	PART II		
1. Date first used by the applicant, predecess		nust include month, day	and year):
(a) Date first used anywhere:June_1,		•	• •
		· · ·	
<ol> <li>The mark to be registered is: (If logo/designust be 25 words or less.)</li> </ol>		orief written description	which
11 2	abcdespañol" : "		<del></del>
			OI SE
Fall I I ABCC of Spanish	h		AR B
English Translation ABCs of Spanis	(1		
2. DISCLAIMER (if applicable)			A L
NO CLAIM IS MADE TO THE EXCLUSIV			
		RT FROM THE MARE	<b>≅</b> → · −
I, herein, or that I am authorized to sign on behalf of the the right to use such mark in Florida either in the iden he mistaken therefor. I make this affidacit and world	e owner and applicant herein, an ctical form or in such near resem	DIANCO AS TA DA ITUAIN TA AAA	er and the applicant related company has
be mistaken therefor. I make this affidavit and verific application and know the contents thereof and that the	facts stated herein are true and	aij. I juriner acknowiedge : correct	that I have read the
	Gonzalez		
T	yped or printed name of applican	t	
	1gonzalorg		
Applicants	signature or authorized person's (List name and title)	signature	
STATE OF _ Floridg	_	. —	
COUNTY OF Dade.			<u>-</u>
10	- 1 2001 To	100 6000 ·	دما
On this 9 day of September appeared before me,	,2 <u>001</u> ,	ner conza	personally
	whose identity I proved on	the basis of <u>FDL</u>	#
		•	
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	<u> </u>	Notary Public Signatur	llylon
(Seal)		rocary i done dignator	* U
		Notary's Printed Name OFFICIAL NOTARY SI	- A.
	My Commission Expire	OFFICIAL NOTARY SI	ST ORIDA
		NOTARY PUBLIC STATE OF	7503414
	FEE: \$87.50 per class	COMMISSION NO. COMMISSION EXP. JU	L. 1. Z-Trans-

## abcdespañol

Reading and writing is an easy game



"Prevention strategies against poverty are not efficient if people cannot read and write"

abcdespañol

LECTOESCRITURA

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CREACIÓN DE MATERIAL DIDÁCTICO

jgonzalez@abcdespanol.com