FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P41111 1. Entity Name CENTER FOR ENGLISH STUDIES, INC.						Feb 20, 2001 8:00 am Secretary of State 02-20-2001 90011 042 ***158.75				
Principal Place of Business 301 E. LAS OLAS 7TH FLR FT LAUDERDALE FL 33301 US		Mailing Address 301 E. LAS OLAS 7TH FLR FT LAUDERDALE FL 33301 US								
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. FEI Numbe	13-303355	5		plied For t Applicable
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired		8.75 Addi	
6.	Name and Address of Current Re	egistered Agent				7. Name and	Address of New R	egistered A	gent	
UNITED CORPORATE SERVICES, INC.				Name						
9200 SO	UTH DADELAND BLVD.			Street A	ddress (P	O. Box Numbe	er is Not Acceptable))		
SUITE 508										
MIAMI FL 33156-0000				City			<u> </u>	FL	Zip Code	
8. The above name	ed entity submits this statement for t	he purpose of changing its	egistere	ed office or	registere	d agent, or bot	h, in the State of Flo	orida.		
SIGNATURESignation	ure, typed or printed name of registered agent and	t title if applicable. {NOTE	Registered	d Agent signati	ure required v	when reinstating)		DATE		
	n is eligible to satisfy its Intangible ement and elects to do so. back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Star			50.00	Tru	ction Campaign Fin st Fund Contributio			D May Be to Fees
11.	OFFICERS AND DI		12.			ADDITIONS/	CHANGES TO OFF			
TITLE DPS	S ARK, ELIZABETH	Delete	TITLE	: E	JOHN	i SyKE		- • • •	☐ Change	Addition
	1 E. LAS OLAS , 7TH FLR			ET ADDRESS	i		olas Blu		.	
TITLE V	LAUDERDALE FL	Delete	TITLE	-ST-ZIP			- DIRECTOR	<u> </u>	□ Change	Addition
NAME PE	REZ, JOHN	Delete	NAME	Ε	KATH	alben k	EWCOMPE		change	(E) Modifion
	LE LAS OLAS , 7TH FLR LAUDERDALE FL	گیست میں ≃ ″یں س		ET ADDRESS_ -ST-ZIP		e-lac c Lauleel	DLAK BLUD DALE, FL		DI	· ·
TITLE	D 100 L110. LL 1 0	☐ Delete	TITLE	-			DIRECTOR		☐ Change	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS			PATTERSO			Ì
CITY-ST-ZIP				-ST-ZIP		e.lag c Lawer	DAJE FL	5 33	301	ļ
TITLE		☐ Delete	TITLE		AICE	PREK	-DIRECTO	e.	☐ Change	Addition
NAME STREET ADDRESS			NAME				H. MORGE			
CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP	50) E	LAUDER	DALE FI	213	330/	. }
TITLE	·	☐ Delete	TITLE		VICE	PRES	DIRECTOR	.	☐ Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS	PAUL	SYKES	c 74 De =	P11/8		}
CITY-ST-ZIP	•			ST-ZIP			is over t		33301	,
TITLE		☐ Delete	TITLE			ETAR				Addition
NAME CTOTET ADDRESS			NAME	[_	_	VG ROS			ļ
STREET ADDRESS CITY-ST-ZIP				T ADDRÉSS ST-ZIP		E LAS T		<i>D</i>	3350/	,
	that the information supplied with th	is filing does not qualify for				<u>みィり</u> を入け tion 119.07(3)(i				formation

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. 2Patterson Reducca Patterson 15 Feb 0 1 954 3313165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Despire Phone #

SIGNATURE: