

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90376 044 ***150.00

DOCUMENT # L59940

1. Entity Name
PROFESSIONAL LEARNING CENTER, INC.

Principal Place of Business
22354 SW 57TH AVE
BOCA RATON FL 33433
Mailing Address
22354 SW 57TH AVE
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-0386987 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASTOR, LIONEL
22354 SW 57TH AVE
BOCA RATON FL 33433

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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

Table with 2 main columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include names and addresses of officers like ASTOR, LIONEL, ASTOR, PATRICIA, MEINBERG, MARK, GUTTERMAN, MARK, FELDMAN, BURTON.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 Date

Daytime Phone #

CR2E034 (9/01)