

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 599492

1. Entity Name

VANKARA; A LEARNING EXCHANGE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90035 013 ***158.75

Principal Place of Business

Mailing Address

13331 ALEXANDRIA DRIVE
 OPA LOCKA FL 33054

13331 ALEXANDRIA DRIVE
 OPA LOCKA FL 33054-4719



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

59-1913118

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, ELVIRA V
 330 SEAMAN AVENUE
 OPA LOCKA FL 33054

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:

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: VSD Delete
 NAME: TAYLOR, MYRA L
 STREET ADDRESS: 330 SEAMAN AVE
 CITY-ST-ZIP: OPA LOCKA FL 33054

TITLE: Change Addition
 NAME: TAYLOR, REV. JOHN H. Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DP Delete
 NAME: TAYLOR, JOHN H
 STREET ADDRESS: 330 SEAMAN AVE
 CITY-ST-ZIP: OPA LOCKA FL 33054

TITLE: Change Addition
 NAME: TAYLOR, REV. JOHN H.
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: T Delete
 NAME: SMITH, ELVIRA
 STREET ADDRESS: 2131 NW 96 ST
 CITY-ST-ZIP: MIAMI FL 33147

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: *Elvira V. Smith*

ELVIRA V. SMITH

01/05/00

(305) 681-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)