

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90146 027 ***150.00

FORM 1000 (01/02)

DOCUMENT # 643328

1. Entity Name
PROFESSIONAL LANGUAGE SCHOOL, INC.



Principal Place of Business
**4031 WOODRIDGE ROAD
COCONUT GROVE FL 33133**

Mailing Address
**4031 WOODRIDGE ROAD
COCONUT GROVE FL 33133**

22000623



2. Principal Place of Business
**74 TINGLER LANE
TINGLER ISLAND MARATHON, FL 33050**

3. Mailing Address
**74 TINGLER LANE
TINGLER ISLAND
MARATHON, FL 33050**

CHECK HERE IF MAKING CHANGES

City & State **MARATHON, FL**

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4. FEI Number **59-1967461**

Applied For
 Not Applicable

Zip **33050**

Country **MONROE**

Zip **33050**

Country **MONROE**

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

**BALTER, J. DEBORAH
4031 WOODRIDGE ROAD
COCONUT GROVE FL 33133**

Name **J. DEBORAH BALTER (same)**
Street Address (P.O. Box Number is Not Acceptable)
**74 TINGLER LANE
TINGLER ISLAND**
City **MARATHON** FL Zip Code **33050**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Deborah Balter*
Signature, typed or printed name of registered agent and title if applicable

DIRECTOR J. DEBORAH BALTER

01.30.03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BALTER, J. DEBORAH	4031 WOODRIDGE ROAD	COCONUT GROVE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		74 TINGLER LANE	MARATHON, FL 33050	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Balter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.30.03 **305 899 9228**
Date Daytime Phone #

CR2E034 (10/02)