

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739807

1. Entity Name

THE LEARNING EXPERIENCE SCHOOL, INC.

Principal Place of Business

5650 SW 82 AVE RD
MIAMI FL 33143

Mailing Address

5650 SW 82 AVE RD
MIAMI FL 33143

2. Principal Place of Business

5651 SW 82 Ave. Rd.

Suite, Apt. #, etc.

3. Mailing Address

5651 SW 82 Ave. Rd.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33143

Country

Miami-Dade

Zip

33143

Country

Miami-Dade

6. Name and Address of Current Registered Agent

CAMPBELL, SHANNON
536 CORAL WAY
CORAL GABLES FL 33134

4. FEI Number

59-1913861

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME RIVERO, ELA
STREET ADDRESS 1200 BRICKELL AVE, 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE VD
NAME KELLY, SASTRE
STREET ADDRESS 936 ALGARINO
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE T
NAME ~~MIEDZIALKO, RICHARD~~
STREET ADDRESS ~~550 NW LEJEUNE RD~~
CITY-ST-ZIP ~~MIAMI FL 33126~~ ☒ Delete

TITLE D
NAME CAMPBELL, SHANNON
STREET ADDRESS 536 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Ela Rivero ☒ Change ☐ Addition
NAME
STREET ADDRESS 20295 NE 29 Place
CITY-ST-ZIP Aventura, FL 33180

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

TITLE Treasurer ☐ Change ☒ Addition
NAME maria Somoza
STREET ADDRESS 1200 Brickell ave., 4th Floor
CITY-ST-ZIP miami FL 33131

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

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

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

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shannon Campbell 305-4101 279-9811

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90085 001 ****70.00

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DO NOT WRITE IN THIS SPACE