

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90044 003 ****70.00

0023635

DOCUMENT # 739807
 1. Entity Name
THE LEARNING EXPERIENCE SCHOOL, INC. ✓

Principal Place of Business Mailing Address
 5651 SW 82ND AVENUE ROAD 5651 SW 82ND AVENUE ROAD
 MIAMI FL 33143 MIAMI FL 33143

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1913861** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CAMPBELL, SHANNON
536 CORAL WAY
CORAL GABLES FL 33134

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P RIVERO, ELA**
 STREET ADDRESS **20295 NE 29TH AVENUE**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **D. Robin Lukacs**
 STREET ADDRESS **1825 Coral Way #102**
 CITY-ST-ZIP **miami FL 33145**

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

TITLE Change Addition
 NAME **D. Vance Salter**
 STREET ADDRESS **2 So. Biscayne Blvd. 25th Floor**
 CITY-ST-ZIP **miami FL 33131**

TITLE Delete
 NAME **D. SOMOZA, MARIA**
 STREET ADDRESS **1200 BRICKELL AVE 4TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME **Treasurer = Bill Martinez**
 STREET ADDRESS **10545 S. DIXIE HWY.**
 CITY-ST-ZIP **Miami FL 33156**

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

TITLE Change Addition
 NAME **D. Stanley Spieler**
 STREET ADDRESS **One Grove Isle #901**
 CITY-ST-ZIP **Cocanut Grove FL 33133**

TITLE Delete
 NAME **D Paul Arango**
 STREET ADDRESS **10645 SW 53 Ave, Mia., FL 33156**
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D. Gery walker**
 STREET ADDRESS **9310 SW 48 St.**
 CITY-ST-ZIP **miami FL 33165**

TITLE Delete
 NAME **D. Susan Guttman**
 STREET ADDRESS **8900 N. Kendall Cr.**
 CITY-ST-ZIP **miami FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Shannon Campbell 2.4.02 305-279-9811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR9037 (9/01)