

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90074 040 ****70.00

DOCUMENT # 739807

1. Entity Name

THE LEARNING EXPERIENCE SCHOOL, INC.



Principal Place of Business

**5651 SW 82ND AVENUE ROAD
MIAMI FL 33143**

Mailing Address

**5651 SW 82ND AVENUE ROAD
MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1913861**

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

**CAMPBELL, SHANNON
536 CORAL WAY
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Shannon Campbell**
Street Address (P.O. Box Number is Not Acceptable)
5651 SW 82 Ave Road
City **miami** FL Zip Code **33143**

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 **Shannon Campbell** **Shannon Campbell, Executive Director 2-1-03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **T/S** ☐ Change ☒ Addition
NAME **Bill Martinez**
STREET ADDRESS **10545 So. Dixie Hwy, Miami**
CITY-ST-ZIP **FL 33156**

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **ARANGO, PAUL**
STREET ADDRESS **10645 SW 53 AVE**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **D** ☐ Delete
NAME **GUTTMANN, SUSAN**
STREET ADDRESS **8900 N KENDALL DR**
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** **2/3/03** **305-279-9811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)