

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747972

1. Entity Name

FOUNDATION FOR LEARNING, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90171 045 ****61.25

Principal Place of Business

1357 S UNIVERSITY DRIVE
PLANTATION FL 33324

Mailing Address

1357 S UNIVERSITY DRIVE
PLANTATION FL 33324-4025

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

59-1926553

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

TURCK, NORMAN G.
1357 S. UNIVERSITY
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Constance Ramos

Street Address (P.O. Box Number is Not Acceptable)

1357 South University Drive

City

Plantation,

FL

Zip Code

33324

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

Constance Ramos
Signature, typed or printed name of registered agent and title if applicable.

Constance Ramos
(NOTE: Registered Agent signature required when reinstating)

1/10/2000
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 NAME STREET ADDRESS CITY-ST-ZIP	D BEEWARD, ELIZABETH 3015 CENTER AVE FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEPALMA, LEONARD 2649 NELSON COURT FT. LAUDERDALE FL 33322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLER, SAM 2040 NE 182 ST N. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOCK, SOL 4964 NW 48 AVE TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIOS, FLORL 2834 NW 55 AVE LAUDERHILL FL 33113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARANZINE, VICTORIA 2700 SW 17 ST FT LAUDERDALE FL 33310	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sarah Heffernan 1680 South West 27th Avenue Fort Lauderdale, FL. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edith Marganoff 2750 Sunrise Lakes Drive West Sunrise, FL. 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sam Aller title change from SD to D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sol Block title change from TD to PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flori Rios title change from D to TD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Victoria Paranzino title change from D to SD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: x

Sol Block
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/2000 (954) 424-3228

CR2E037 (9/99)