

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 934107

1. Entity Name

Tutor Time International

FILED

01 SEP 28 PM 3:29

Principal Place of Business

Mailing Address - SAME

621 NW 53rd Street #450
Boca Raton, FL 33487

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

2. Principal Place of Business

621 NW 53rd St.

3. Mailing Address

621 NW 53rd St.

Suite, Apt. #, etc.

450

Suite, Apt. #, etc.

450

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

650175303

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

Ira L. Young
621 NW 53rd St. #450
Boca Raton, FL 33487

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

7/31/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President/Treasurer ☒ Delete
NAME Alfred R. Navas
STREET ADDRESS 621 NW 53rd St. #450
CITY-ST-ZIP Boca Raton, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Treasurer ☐ Change ☒ Addition
NAME Mark Schiller
STREET ADDRESS 621 NW 53rd St. #450
CITY-ST-ZIP Boca Raton, FL 33487

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

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

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

13. 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 11 or Block 12 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

President/Treasurer 5/31/01

Date

Daytime Phone #

CR2E034 (11/00)