2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE: J

Ath an address with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # J28510** START LEARNING, INC. 02-14-2000 90018 027 ***150.00 Mailing Address Principal Place of Business ONE ALHAMBRA PLAZA, SUITE 1400 ONE ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES FL 33134 CORAL GABLES FL 33134-5227 C0021074 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2711053 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREEMAN, BUTTERMAN HABER & ROJAS Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE SUITE 305 **MIAMI FL 33131** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE MEYERSON, MAYA NAME NAME STREET ADDRESS 520 BRICKELL KEY DR, #0-305 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #