2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J31010

1. Entity Name

GENERAL LEARNING ACHIEVEMENT CORPORATION

Principal Place of Business Mailing Address

FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90026 011 ***150.00

1050 N KENDALL DR Alami Fl 33176 US		11050 N KENDALL DR MIAMI FL 33176 US		3 166//18 E186 (1/6) (181/ B6/8) (181/ B6/8) (181/ B/6) (181/ B/6) (181/ B/6)
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2708912 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of	Current Registered Agent		7. Name and Address of New Registered Agent
MOE	ADLAND MULIAN		Name	
MCFARLAND, WILLIAM 10044 PINES BLVD PEMBROKE PINES FL 33024			Street Ad	dress (P.O. Box Number is Not Acceptable)
FEME	ONUNE FINES PL 33024		City	Zip Code
Tax filing requirement and elects to do so. After MA			E: Registered Agent signature!!!! FEE IS \$150.0 001 Fee will be \$5: ble to Department	0 10. Election Campaign Financing \$5.00 May Be
11.	OFFICE	ERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFARLAND, GRIER 645 ALHAMBRA CIR CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10044 Pines Blurd Pene Grange Addition 206 Ocean Way Soagrote Pines Fl Vero Beach, FL 32963 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCFARLAND, WILLIAM 645 ALHAMBRA CIR CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10044 PINES BUD Change Addition PEMBROKE PINES FL 33024 Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CLTY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the co	d on this report or supplement rporation or the receiver or tru	al report is true and accurate and that	my signature shall h rt as required by Cha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

12/21/01 561-234-5764

Daylime Phone #