

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVER  
AND  
FILED

01 MAY -1 PM 6:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010592

1. Entity Name

THE CHILDREN LEARNING COMPANY, L.L.C.

Principal Place of Business

Mailing Address

1137 10TH STREET  
MIAMI BEACH, FL 33139

1137 10TH STREET  
MIAMI BEACH, FL 33139

2. Principal Place of Business

1348 WASHINGTON AVENUE

3. Mailing Address

199 SW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 11

City & State

MIAMI BEACH, FL

City & State

MIAMI, FL

Zip  
33139

Country  
USA

Zip

33130-1

Country  
USA

4. FEI Number

65-1036475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRISTIAN COVACEVICH-RUIZ  
PMB #164  
1348 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

JORGE E. OYARCE

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

JE OYARCE & ASSOCIATES, ACCOUNTING OFFICES

199 SW 12TH AVENUE, SUITE 11

City

MIAMI

FL

Zip Code

33130-1056

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

JORGE E. OYARCE

4/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NUMBER FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME COVACEVICH-RUIZ CHRISTIAN  
STREET ADDRESS 1348 WASHINGTON AVENUE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

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

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100004272411--1  
-05/21/01--01023--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHRISTIAN COVACEVICH-RUIZ, MGRM

4/23/01 324-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)