

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90275 014 ****50.00

DOCUMENT # **L01000003465**

1. Entity Name

AMERICAN DREAM EDUCATIONAL GROUP, LLC

Principal Place of Business

**4805 WEST LAUREL ST., STE 250
TAMPA FL 33607**

Mailing Address

**4805 WEST LAUREL ST., STE 250
TAMPA FL 33607**

967701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5005 W. Laurel St

3. Mailing Address

5005 W. Laurel St

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

26-0013899

☒ Applied For

☐ Not Applicable

Zip

33607

Country

Zip

33607

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORILAK, KENNETH J
4805 WEST LAUREL STREET, STE 230
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

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

5005 W. LAUREL ST

212

City

TAMPA

FL

Zip Code

33607

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **PS** ☐ Delete
NAME **MORILAK, KENNETH J**
STREET ADDRESS **4805 WEST LAUREL STREET, STE 250**
CITY-ST-ZIP **TAMPA FL**

TITLE **MEM** ☒ Delete
NAME **RILEY, STEVEN P**
STREET ADDRESS **4805 WEST LAUREL STREET, STE 250**
CITY-ST-ZIP **TAMPA FL**

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

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)