

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90569 029 ****50.00

DOCUMENT # L01000009041

1. Entity Name

AMERICAN EDUCATIONAL ENTERPRISES, LLC



Principal Place of Business

**4206 W. 12TH AVE.
HIALEAH FL 33012**

Mailing Address

**4206 W. 12TH AVE.
HIALEAH FL 33012**

2. Principal Place of Business

4425 W. 20 Ave

3. Mailing Address

4425 W. 20 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

Hialeah

Zip

33012

Country

U.S.

Zip

33012

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1113769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEINER, LAWRENCE
1428 BRICKELL AVE., STE. 400
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **REGUEIRO, JOSE**
STREET ADDRESS **4206 W. 12TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **MGR** ☐ Delete
NAME **REGUEIRO, MARIA C**
STREET ADDRESS **4206 W. 12TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **MGR** ☐ Delete
NAME **SANCHEZ, OMAR**
STREET ADDRESS **4206 W. 12TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

20003321
LBI 00000 9/4/

“Please note that Florida National College moved to a new location”. This location is also our New Billing Address:

**Florida National College
4425 W. 20 Ave.
Hialeah, FL 33012**