

# 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

Mailing Address

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

**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.*

4. FEI Number

**65-1113769**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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:** *[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  
L01 00000 9041

**“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**