

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90227 025 ****55.00

DOCUMENT # L01000014020

1. Entity Name

C.P.R. EDUCATIONAL SERVICES, L.L.C.



Principal Place of Business

Mailing Address

11821 SW 57TH CT.
CORAL GABLES FL 33156

11821 SW 57TH CT.
CORAL GABLES FL 33156

2. Principal Place of Business

3116 Alhambra Circle

Suite, Apt. #, etc.

3. Mailing Address

3116 Alhambra Circle

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-1129434

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DERAY, MARCEL

11821 SW 57TH CT.
CORAL GABLES FL 33156

Name

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

3116 Alhambra Circle

City

CORAL GABLES

FL

Zip Code

33134

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, word 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 MGRM ☐ Delete
NAME DERAY, MARCEL
STREET ADDRESS 11821 SW 57 CT
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☒ Change ☐ Addition
NAME 3116 Alhambra Circle
STREET ADDRESS CORAL GABLES, FL 33134
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME RESNICK, TREVOR
STREET ADDRESS 6850 SW 119 STREET
CITY-ST-ZIP MIAMI FL 33156

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

TITLE MGRM ☒ Delete
NAME ALVAREZ, LUIS
STREET ADDRESS 434 ROVINO AVE
CITY-ST-ZIP CORAL GABLES FL 33156

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

TITLE MGRM ☐ Delete
NAME CABALLERO, PABLO
STREET ADDRESS 17402 NW 7TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

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 OF DERAY Marcel

Date

1/12/03

Daytime Phone #

CR2E083 (10/02)