

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001561

1. Entity Name  
PRIME LEARNING CENTER, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG -7 AM 10:02

Principal Place of Business  
7270 NW 12TH STREET, PH-1  
MIAMI FL 33126

Mailing Address  
7270 NW 12TH STREET, PH-1  
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6538 Collins Ave  
Suite, Apt. #, etc.  
Suite 427

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Miami Beach, FL  
Zip  
33141  
Country  
U.S.A.

4. FEI Number  
65-0934621  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z ESQ.  
7270 NW 12TH STREET, PH-1  
MIAMI FL 33126

## 7. Name and Address of New Registered Agent

Name  
Sidney Z. Brodie  
Street Address (P.O. Box Number is Not Acceptable)  
7270 NW 12th St. Ph:1  
City  
Miami  
FL  
Zip Code  
33126

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-00

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CORDOVES, ORLANDO SR  
536 LONGVIEW PLACE  
CLIFFSIDE PARK NJ 07010

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CARNICER, JUAN C  
536 LONGVIEW PLACE  
CLIFFSIDE PARK NJ 07010

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003354000-8000  
-08/14/00-01013--022  
\*\*\*\*100.00 \*\*\*\*\*50.00

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-11-00 305-895-0039

CR2E083 (5/00)