

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006277 AF

DOCUMENT # L99000001781

1. Entity Name  
PROFESSIONAL LEARNING CENTER OF BOYNTON BEACH, L

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:05

Principal Place of Business  
22354 SW 57TH AVENUE  
BOCA RATON FL 33433

Mailing Address  
22354 SW 57TH AVENUE  
BOCA RATON FL 33428-4557



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
ASTOR, LIONEL  
22354 SW 57TH AVENUE  
BOCA RATON FL 33433

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	ASTOR, LIONEL	<input type="checkbox"/>			
STREET ADDRESS	22354 SW 57TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
MGRM	MEINBERG, MARK	<input type="checkbox"/>			
STREET ADDRESS	280 PLANDOME ROAD		STREET ADDRESS		
CITY-ST-ZIP	MANHASSET NY 11030		CITY-ST-ZIP		
MGRM	SINGER, RALPH	<input type="checkbox"/>			
STREET ADDRESS	3855 NW 55TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 OR MANAGER  
Date 2/3/2000 Daytime Phone # 561-487-1230

CR2E083 (9/99)