

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90252 009 *****55.00

DOCUMENT # L99000001828

1. Entity Name

CONVERSE INTERNATIONAL SCHOOL OF LANGUAGES, FLORIDA, L.L.C.



Principal Place of Business

305 S. ANDREWS AVE., SUITE 701
FORT LAUDERDALE FL 33301

Mailing Address

305 S. ANDREWS AVE., SUITE 701
FORT LAUDERDALE FL 33301

2. Principal Place of Business

300 N.E. 3rd Ave

3. Mailing Address

636 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 210

City & State

City & State

FORT LAUDERDALE, FL

SAN DIEGO, CA

Zip

Country

33301

USA

Zip

Country

92101

USA

4. FEI Number

65-0906795

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JEAN-PIERRE GUITTARD
505 ORTON AVE.
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

JEAN-PIERRE GUITTARD

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

c/o C.I.S.L.

300 N.E. 3rd Ave Suite 100

City

Fort Lauderdale

FL

Zip Code

33301

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)

JEAN-PIERRE GUITTARD, MEMBER

01/23/03

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 + \$5.00 = \$55.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM AROZARENA, JAVIER **(636)** ☐ Delete
STREET ADDRESS %C.I.S.L. 636 BROADWAY, #210
CITY-ST-ZIP SAN DIEGO CA 92101

TITLE NAME MGRM ☒ Delete
GUITTARD, JEAN-PIERRE ☒
STREET ADDRESS 505 ORTON AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME % C.I.S.L. ☐ Change ☐ Addition
STREET ADDRESS 636 BROADWAY #210
CITY-ST-ZIP SAN DIEGO, CA 92101

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

JEAN-PIERRE GUITTARD 01/23/03

954-
779-3336

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

Date

Daytime Phone #

CR2E083 (10/02)