2000 UNIFORM BUSINESS REPORT (UBR)

0002694 AF

DOCUMENT # L99000002302

1. Entity Name

WILLOUGHBY, LLC

Principal Place of Business	Mailing Address
2 SOUTH BISCAYNE BOULEVARD. SUITE 3400 MIAMI FL 33131	2 SOUTH BISCAYNE BOULEVARD. SUITE 3400 MIAMI FL 33131-1802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** [X] Applied For / Not Applicable
Zip / Country	Zip / Country	**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
VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, SUITE 3400 2 SOUTH BISCAYNE BLVD. 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.

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 Department of State

9.	MANAGING MEMBERS / MEMBERS	10.	ADDITIONS / CHANGES		
TITLE	MGRM	TITLE		☐ Change	☐ Addition
NAME	ENGLISH PROGRAM ALCALA CORPORATION	NAME			
STREET ADDRESS	2 SOUTH BISCAYNE BOULEVARD, SUITE 3400	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131 ☐ Delete	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME	500003280775--7		
STREET ADDRESS		STREET ADDRESS	-06/08/00--01009--014		
CITY-ST-ZIP		CITY-ST-ZIP	*****50.00 *****50.00		
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

CR2E083 (9/99)

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.

ENGLISH PROGRAMS ALCALA CORPORATION

SIGNATURE: BY _____ SIGNATURE REQUIRED ALFONSO ORDIVAS 4/13/00 305-919-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   PRESIDENT   Date   Daytime Phone #