# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004615

1. Entity Name

LEARNING PAYS.COM, LLC

FILED

01 JUN -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 110 E. BROWARD BOULEVARD. SUITE 1900<br>FT.LAUDERDALE FL 33301 | 110 E. BROWARD BOULEVARD. SUITE 1900<br>FT.LAUDERDALE FL 33301 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. Box 11-1405 | P.O. Box 11-1405 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami FL | City & State: Miami FL |
| Zip: 33111-1405 Country: USA | Zip: 33111-1405 Country: USA |

4. FEI Number: 65-0936721 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| AMERICAN INFORMATION SERVICES, INC.<br>ONE S.E. THIRD AVENUE, 28TH FLOOR<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>THIMMIG, MARK F<br>4308 NE 22ND AVENUEE<br>FORT LAUDERDALE FL 33308 | ☐ Delete | MGR<br>THIMMIG, MARK F.<br>159 S. MAIN ST. #725<br>Akron, Ohio 44308 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HAMM, RITCHIE<br>4705 NE 23RD AVENUE<br>FORT LAUDERDALE FL 33308 | ☒ Delete | MGR<br>SHEA, THOMAS<br>2101 W. COMMERCIAL BLVD. # 2000<br>Ft. LAUDERDALE, FL 33309 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>CAREY, JOHN<br>6812 SW 78TH TERRACE<br>MIAMI FL 33143 | ☐ Delete | MGR<br>CAREY, JOHN<br>3074 CENTER ST.<br>MIAMI PL 33133 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>RIZZO, JOHN<br>1416 PONCE DE LEON DR.<br>FT.LAUDERDALE FL 33316 | ☒ Delete | MGR<br>KADRE, MANUEL<br>3201 NW. 72 Ave.<br>MIAMI PL 33122 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | MGR<br>ELAM, JOYCE<br>UNIVERSITY PARK<br>MIAMI PL 33199 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 800004420648--2<br>-06/14/01--01107--011<br>*****50.00 *****50.00 | ☐ 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:** _____ 4-30-01 786-777-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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CR2E083 (11/00)