

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 046 ***150.00

DOCUMENT # **M07797** ✓
1. Entity Name **National Learning Center, Inc. DBA
Westlake School**

DO NOT WRITE IN THIS SPACE

653104

2. Principal Place of Business
5499 SW 82nd Ave
Suite, Apt. #, etc.

3. Mailing Address
5499 SW 82nd Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Davie Florida

City & State
DAVIE, FLORIDA

4. FEI Number
650058324

Applied For
Not Applicable

Zip
33328

Country
US

Zip
33328

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Dr. W. Pepitone II**

Street Address (P.O. Box Number is Not Acceptable)
5499 SW 82nd Ave

City **Davie** **FL** Zip Code **33328**

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: **Dr. W. Pepitone II**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P, T
Dr. W. Pepitone II
5499 SW 82nd Ave.
Davie, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
Bryan Pepitone Sr.
7120 NW 11th Ct.
Plantation, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
William B. Pepitone III
5499 SW 82nd Ave
Davie, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/2002 **(954) 236-2300**

CR2E034B (12/01)