

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006125

1. Entity Name

CENTER FOR UNIVERSAL LEARNING, INC.

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90115 030 ****61.25

0010759

Principal Place of Business

Mailing Address

4300 N OCEAN BLVD 3F
FORT LAUDERDALE FL 333084300 N OCEAN BLVD 3F
FORT LAUDERDALE FL 33308
11088 Indian Lake Circle
Boynton Beach FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1040056

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWEIZER, JEAN PHD
4300 N OCEAN BLVD 3F
FORT LAUDERDALE FL 3330811088 INDIAN LAKE Circle
Boynton Beach FL
33437

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 \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SCHWEIZER, JEAN
STREET ADDRESS 4300 N OCEAN BLVD 3F 11088 Indian Lake Circle
CITY-ST-ZIP FORT LAUDERDALE FL 33308 Boynton Beach FL 33437☐ Delete☐ Change☐ AdditionTITLE D
NAME WARD, JOANN
STREET ADDRESS 7599 GREENLAKE WAY
CITY-ST-ZIP BOYNTON BEACH FL 33436☐ Delete☐ Change☐ AdditionTITLE D
NAME GARCIA, GRACE
STREET ADDRESS 356 SW 14TH STREET
CITY-ST-ZIP POMPANO FL 33060☐ Delete☐ Change☐ AdditionTITLE D
NAME LEVIN, BEATRIX
STREET ADDRESS 640 N 14TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304☐ Delete☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: [Signature]

8/21/01

561-733-0522

CR2E037 (5/01)