

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2002 90050 048 ****61.25

DOCUMENT # N00000007270

1. Entity Name

PROGRESSIVE C. LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

5347 S.W. 25TH ST.
 HOLLYWOOD FL 33023

P O BOX 3906
 HOLLYWOOD FL 33083

2. Principal Place of Business

3600 S. State Road 7

3. Mailing Address

Suite, Apt. #, etc.
 #257

Suite, Apt. #, etc.

City & State
 Miramar, Fl.

City & State

4. FEI Number

65-1047532

Applied For

Not Applicable

Zip

Country
 Broward

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, ROSALIE
 5341 SW 25 ST
 HOLLYWOOD FL 33083

Name

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

3600 S. State Road & (441) Su 257

Suite # 257

City
 Miramar,

FL

Zip Code
 33023

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

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

4/15/02

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JENKINS, MAMIE	1731 NW 36 TERR	FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/>
D	TAYLOR, GALE	101 SW 29 AVE	FT LAUDERDALE FL 33312	<input type="checkbox"/>
D	BALDWIN, SR., ALTON G	P.O. BOX 4426	HOLLYWOOD FL 33083	<input checked="" type="checkbox"/>
D	JENKINS, ROSALIE	5347 S.W. 25TH ST. President	HOLLYWOOD FL 33023 Treasurer	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Linda Strachan	5525 S.W. 41 St., Pembrok Park, Fl.	33023	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Lavaeda Bell	7481 N.W. 33 St.	Davie, Fl.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Lois Jackson	141 N. W. 6th Ave.	Dania Beach, Fl. 33004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Rosalie Jenkins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 954)893-9351
 Date Daytime Phone #

0072391

CR2E037 (9/01)