

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90105 036 ****61.25

DOCUMENT # NO1000005984

1. Entity Name

ONE WORLD LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

**1425 N W 123RD STREET
MIAMI FL 33167**

**1425 N W 123RD STREET
MIAMI FL 33167**

2. Principal Place of Business

1031 IVCS DAIRY RD.

Suite, Apt. #, etc.

228

3. Mailing Address

1031 IVCS DAIRY RD.

Suite, Apt. #, etc.

228

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33179

Country

US

Zip

33179

Country

U.S

4. FEI Number

65-1129474

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATTERSON & COMPANY, P.A.
1031 IVCS DAIRY ROAD
SUITE 228
MIAMI FL 33179**

7. Name and Address of New Registered Agent

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

1/9/02

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

TITLE **PT** ☐ Delete
NAME **PATTERSON, ANTOINETTE**
STREET ADDRESS **1425 N W 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **VD** ☐ Delete
NAME **CLARKE, MARTIN**
STREET ADDRESS **1425 N W 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **VSD** ☒ Delete
NAME **ROSS, LINDA**
STREET ADDRESS **1425 N W 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D** ☐ Delete
NAME **PATTERSON-CLARKE, ANTOINETTE**
STREET ADDRESS **1425 N W 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D** ☐ Delete
NAME **MITCHELL, DOROTHY**
STREET ADDRESS **1425 N W 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1150 NE 211th Terrace**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2130 NW 158th St.**
CITY-ST-ZIP **MIAMI, FL 33054**

TITLE ☐ Change ☒ Addition
NAME **SR LILLIE PATTERSON**
STREET ADDRESS **1150 NE 211th Terrace**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1150 NE 211th Terrace**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15992 NW 27th Avenue**
CITY-ST-ZIP **MIAMI, FL 33054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01

305-655-1880

CR2E037 (9/01)