

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N45418

FILED
May 12, 2003
Secretary of State

Entity Name: BACCUS LEARNING CENTERS, INC.

Current Principal Place of Business:

20920 NE 24TH AVE
N MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

20920 NE 24TH AVE
N MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 65-0414344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACCUS, FLORENCE
20920 N.E. 24 AVE
SUITE 401
N MIAMI BEACH, FL 33180

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BACCUS, DR. FLORENCE,
Address: 20920 NE 24TH AVE
City-St-Zip: N MIAMI BEACH, FL

Title: D () Delete
Name: LACK, BERNARD,
Address: 9225 COLLINS AVE #601
City-St-Zip: SURFSIDE, FL

Title: D () Delete
Name: MENNES, JAMES,
Address: 770 NE 97 ST.
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE BACCUS

D

05/12/2003

Electronic Signature of Signing Officer or Director

Date