

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000005502**

1. Entity Name

**INTERNATIONAL LEARNING INSTITUTE FOR ATTENTION D**

Principal Place of Business

**740 MOCKINGBIRD LN.  
PLANTATION FL 33324**

Mailing Address

**P.O. BOX 291918  
DAVIE FL 33329-1918**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent****FEIN, AUBREY  
740 MOCKINGBIRD LN.  
PLANTATION FL 33324****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

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEIN, JOYCE</b>	
STREET ADDRESS	<b>740 MOCKINGBIRD LN.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VANBIESBROUCK, JOHN</b>	
STREET ADDRESS	<b>272 THATCH PALM DR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUDNER, EDWARD</b>	
STREET ADDRESS	<b>1800 ELLER DR. #300</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33335-0307</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARRUW, CARON</b>	
STREET ADDRESS	<b>8770 SW 8TH ST.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEBORAH COYNE</b>	
STREET ADDRESS	<b>8812 TWIN LAKE DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL. 33496</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN COYNE</b>	
STREET ADDRESS	<b>8812 TWIN LAKE DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL. 33496</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRUW, CARON</b>	
STREET ADDRESS	<b>26 STANHOPE GARD</b>	
CITY-ST-ZIP	<b>MILLHILL NW7 2JD, ENGLAND</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 DIRECTOR1/16/2000  
Date954 474 9072  
Daytime Phone #**FILED****Jan 25, 2000 8:00 am  
Secretary of State**

01-25-2000 90089 050 \*\*\*\*61.25

**905801**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0867202**

Applied For

Not Applied For

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