

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000004727

1. Entity Name

LEARNING LAND ACADEMY OF EXCELLENCE, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

04-22-2000 90014 033 ****61.25

Principal Place of Business

4200 N 65TH AVE
HOLLYWOOD FL 33024-2021

Mailing Address

4200 N 65TH AVE
HOLLYWOOD FL 33024-2021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-6942141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SARDI, EVE
101 BRINY AVE, SUITE 1705
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name ARSHALOUS TERZIAN

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

300 SW 15 DRIVE

City BOCA RATON

FL

Zip Code 33432

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 PRINCIPAL/COUNSELOR ☐ Delete
NAME HENNY CROSS
STREET ADDRESS 4200 N 65TH AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE ACCOUNTANT ☐ Delete
NAME ANDRE KATTOUR
STREET ADDRESS ONE OCEAN BLVD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ACCOUNTANT ☐ Delete
NAME EVE SARDI
STREET ADDRESS 101 BRINY AVE SUITE 1705
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ARSHALOUS TERZIAN
STREET ADDRESS 300 SW 15 DRIVE
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE ☐ Change ☐ Addition
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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

4/14/2000

Date

954-989-9744

Daytime Phone #