AMMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 14 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123300

1. Entity Name
STUDY ZONE LEARNING CENTERS INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	
736 RIVERSIDE DR	736 RIVERSIDE DR	65-0992931	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS FLA		
Zip: 33071 Country: USA	Zip: 33071 Country: USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MURRAY DANZ

Street Address (P.O. Box Number is Not Acceptable): 10209 SPYGLASS WAY

City: BOCA RATON FL Zip Code: 33498

6. 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: _____ DATE
Signature required if name of registered agent is being changed. NOTE: Registered Agent signature required when reinstated.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $25.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MURRAY DANZ 10209 SPYGLASS WAY BOCA RATON FLA 33498	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200000900579211/14/02--01069--002 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC-TREAS. IRENE DANZ 10209 SPYGLASS WAY BOCA RATON FL 33498	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF OPERATING OFFICER KEN FELDMAN 12905 NW 63 ST CORAL SPRINGS 33076 FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Murray Danz MURRAY DANZ PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number