## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Jan 24, 2002 8:00 am Secretary of State **DOCUMENT #** P00000042890 1. Entity Name 01-24-2002 90176 050 \*\*\*158.75 TLC LEARNING CENTER OF MELBOURNE, INC. Principal Place of Business Mailing Address **1630 SE 14 STREET 1630 SE 14 STREET** FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 3. Mailing Address 400 Hi Awath 2. Principal Place of Business 7201 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-1005171 bourpe Beach nelbourne Not Applicable \$8.75 Additional 5. Certificate of Status Desired UŚA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent *lorrierte* SCHMID, FREDERICK W JR **1630 SE 14 STREET** FT LAUDERDALE FL 33316 submits this statement to the Aurhose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit ered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (9/01) TITLE ☐ Addition Delete NAME SCHMID, FREDERICK W JR NAME virgipia de la Torriente STREET ADDRESS **1630 SE 14 STREET** STREET ADDRESS 400 HIAWATHA WAY CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP Melbourpe Beach, TITLE Change ☐ Addition TITLE ☐ Delete NAME DE LA TORRIENTE, VIRGINIA NAME STREET ADDRESS STREET ADDRESS 9901 NE 36 AVE CITY-ST-ZIP CITY-ST-ZIP ANTHONY FL 32617 ☐ Addition Delète "[7] Change TITLE TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachn