2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DÖCUMENT # P0000044482 **Secretary of State** ABC CHILDREN'S LEARNING ACADEMY OF PALM BEACH CO 03-12-2001 90028 020 ***150.00 Principal Place of Business Mailing Address 102 BROOK HAVEN CT 102 BROOK HAVEN CT PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 4330 SUMMIT 4330 SUMMIT BLVD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1004712 Not Applicable NESTOALM \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 4330 SUMMIT BLVD. W. PALM BEACH FL 33406 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ■ Addition CH2E034 (10/00) ☐ Delete TITLE Change TITLE. NAME NAME SANTER, STEPHEN R STREET ADDRESS STREET ADDRESS 102 BROOK HAVEN CT CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete TITLE TITLE ☐ Change □ Addition NAME NAME SANTER, MELINDA G STREET ADDRESS STREET ADDRESS 102 BROOK HAVEN CT CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change TITLE TITLE Delete Addition NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 attachment that an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP