

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90047 022 \*\*\*150.00

DOCUMENT # P00000054926

1. Entity Name

PINTOS LEARNING CENTER, INC.

Principal Place of Business

C/O DAVID J. HART, P.A.  
100 N. BISCAYNE BLVD. SUITE 2600  
MIAMI FL 33132

Mailing Address

C/O DAVID J. HART, P.A.  
100 N. BISCAYNE BLVD. SUITE 2600  
MIAMI FL 33132

2. Principal Place of Business

11443 ABC West Palmetto Park Rd. Same as #2

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Boca Raton

City & State

4. FEI Number

65-1014303

Applied For

Not Applicable

Zip  
33428

Country  
US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, DAVID J  
100 N. BISCAYNE BLVD.  
SUITE #2600  
MIAMI FL 33132

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINERO, ERIKA ELBA 100 N. BISCAYNE BLVD. SUITE 2600 MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Erika Elba Pinero 11443 ABC W. Palmetto Rd. Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Enrique Javier Arribas 11443 ABC W. Palmetto Rd. Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Pietro Tony Sparra 11443 ABC W. Palmetto Rd. Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Daysy Emilia Pinero 11443 ABC W. Palmetto Rd. Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)