# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 APR -3 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059878

1. Entity Name
Neuro Linguistic Institute, Inc.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 11850 NW 31ST PL. | P.O. BOX 450807 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SUNRISE FL, | City & State: SUNRISE, FL |
| Zip: 33323 County: BROWARD | Zip: 33345-0807 County: BROWARD |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1038291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: KEVIN P. FEALY

Street Address (P.O. Box Number is Not Acceptable): 11850 NW 31ST PL.

City: SUNRISE FL Zip Code: 33323

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 _____ DATE
Signature, typed or printed name of registered agent and date if agent does. (NOTE: Registered Agent signature required when reinstating)

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 $61.25
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, SEC. KEVIN P. FEALY 11850 NW 31ST PL. SUNRISE FL 33323 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREA. PAUL CHIATE, CPA 5440 N. STATE RD 7, SUITE 208 FT. LAUD., FL 33319 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.-P. PARIS FEALY 18021 NW 9TH CT N. MIAMI BCH, FL |
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COE034B (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: Kevin P. Fealy 3/23/02 (954) 578-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #