## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000065049 UP & LEARN, CORP. 04-27-2001 90269 014 \*\*\*150.00 Principal Place of Business Mailing Address 17011 NORTH BAY RD #301 17011 NORTH BAY RD #301 SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLACURA, RAMON Street Address (P.O. Box Number is Not Acceptable) 17011 NORTH BAY RD #301 SUNNY ISLES BEACH FL 33160 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition Change TITLE ☐ Delete TITLE VILLACURA, RAMON NAME NAME 17011 NORTH BAY RD #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUNNY ISLES BEACH FL 33160 ☐ Addition TITLE □ Delete TITLE Change CUEVAS, MARIA ELSA cuevas, maria elsa NAME NAME 17011 NORTH BAY RD #301 17011 N. 1544 Rd. # 301 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH FL 33160 CiTY-ST-7IP CITY-ST-ZIP SUNNY ISIES BCh. FL 33160 Change Addition TITLE Delete TITLE NONELL, PEDRO NAME NAME 17011 NORTH BAY RD #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 supplied ental 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 address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

SIGNATURE

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

☐ Detete

Change

☐ Addition