

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 042 ***150.00

DOCUMENT # P00000069101

1. Entity Name

QuickSpeak School of Language

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

QuickSpeak School of Lang

Suite, Apt. #, etc.

900 S.E. 8th Ave #302

City & State

Deerfield Beach

Zip

FL

Country

USA

3. Mailing Address

QuickSpeak School of Language

Suite, Apt. #, etc.

900 S.E. 8th Ave #302

City & State

Deerfield Beach FL

Zip

33441

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1032864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cloe F. Taylor

Street Address (P.O. Box Number is Not Acceptable)

5250 N.W. 49th Street

City

Coconut Creek

FL

Zip Code

33073

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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	Cloe F. Taylor	5250 N.W. 49th Street	Coconut Creek, FL 33073
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cloe F. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002 954-487-8989

Date

Daytime Phone #