2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000072487

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33186

() Delete

Entity Name: SPEEDLEARNING INSTITUTE OF AMERICA, INC.

FILED Jan 25, 2002 8:00 AM Secretary of State

y	e. or ELBE		WEIGH, IIVO.				
Current Principal Place of Business:				New Principal Place of Business:			
4960 SW 7 MIAMI, FL	72ND AVE., SI 33155	JITE 304					
Current M	lailing Addres	ss:	New I	New Mailing Address:			
P.O. BOX MIAMI, FL							
FEI Number	: 65-1029189	FEI Number Applied For()	FEI Number No	t Applicable()	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HOLMAN, 4960 SW 7 MIAMI, FL	72ND AVE., SI	JITE 304					
The above in the State	named entity e of Florida.	submits this statement for th	e purpose of chang	jing its registe	red office or registered agent, or	both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
•	_	o satisfy its Intangible Tax filing g Trust Fund Contribution ().	requirement and elec	ts to do so (X).			
OFFICER	S AND DIREC	TORS:	ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	HOLMAN, DON	DAVE, SUITE 304	Title: Name: Addres City-St	s: 4960 SW	(X) Change () Addition DONNA C.P.A. 72ND AVE, SUITE 304 33155		
Title: Name: Address: City-St-Zip:	CHASE, FRAN) Delete D AVE, SUITE 304 55	Title: Name: Addres City-St-		72ND AVE, SUITE 304		
Title: Name: Address:	WEXLER, MIC) Delete HAEL L WEST 139TH COURT	Title: Name: Addres		(X) Change () Addition , MICHAEL L DUTHWEST 139TH COURT		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33186

MIAMI, FL 33155

MANUEL, FERRO, JR C.P.A.

4960 SW 72ND AVE., SUITE 304

() Change (X) Addition

SIGNATURE: DONNA HOLMAN P 01/25/2002