

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90006 013 \*\*\*150.00

**DOCUMENT #** P00000075218

1. Entity Name

A Learning Experience Academy, Inc.

Principal Place of Business

Mailing Address

6765 Miami Lakes Drive, Apt. #140  
 Miami, Lakes, Florida 33014

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1030025

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Julian Jr. Cazanias  
 6765 Miami Lakes Drive, Apt. #140  
 Miami Lakes, Florida 33014

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

*Julian Cazanias*

8/2/01

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 Julian Jr. Cazanias  
 6765 Miami Lakes Dr., #140  
 Miami Lakes, Florida 33014 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

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

*Julian Cazanias*

8/2/01

(305) 331-9683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)



**RAUL RICARDO JR.**  
CERTIFIED PUBLIC ACCOUNTANT

*Attachment  
DH# P0000075218  
\$500.00*

July 16, 2001

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Ref: A Learning Experience Academy, Inc.  
Document # P00000075218

To Whom It May Concern:

Please be advised that my client as reference above never received his 2001 UBR form.

Therefore, I am requesting, on his behalf, to waive the late charges and accept the enclosed UBR form properly filled in for 2001 calendar year, along with a check in the amount of \$150.00.

If you should have a question, please feel free to contact my office at (305) 825-4777 or (305) 829-1041. I hope to hear from you soon.

Thank you,

  
Raul Ricardo  
Lic. # AC 0013416