

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90028 022 ***150.00

DOCUMENT # P00000082431

1. Entity Name

ABC LEARNING CENTER OF CORAL SPRINGS, INC.

Principal Place of Business

Mailing Address

**175 W CAMINO REAL
BOCA RATON FL 33432**

**175 W CAMINO REAL
BOCA RATON FL 33432**

2. Principal Place of Business

10623 W Atlantic Blvd

3. Mailing Address

10623 W Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-1039688

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIRSCH, DAVID K

**175 W CAMINO REAL
BOCA RATON FL 33432**

Name

MARIA WARREN

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

9686 Royal Palm Blvd

City

Coral Springs

FL

Zip Code

33071

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

Maria Warren

1/17/01

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 **PRESIDENT** ☒ Delete
NAME **JEFFREY WARREN**
STREET ADDRESS **9686 Royal Palm Blvd**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MARIA WARREN**
STREET ADDRESS **9686 Royal Palm Blvd**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **JEFFREY WARREN**
STREET ADDRESS **9686 Royal Palm Blvd**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **JEFFREY WARREN**
STREET ADDRESS **9686 Royal Palm Blvd**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Maria Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

(954) 344-5104

Daytime Phone #

CR2E034 (10/00)