

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/21

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90305 003 \*\*\*150.00

**DOCUMENT # P00000113808**

1. Entity Name

**AMERICAN ENGLISH COURSES INC.**

Principal Place of Business

Mailing Address

14255 SW 176TH TERRACE  
 MIAMI FL 33177

14255 SW 176TH TERRACE  
 MIAMI FL 33177

- 44438



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

85 GRAND CANAL DR

85 GRAND CANAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 301

SUITE 301

City & State

City & State

MIAMI FL

MIAMI FL

4. FEI Number

65-1061500

Applied For

Not Applicable

Zip

Country

Zip

Country

33144

USA

33144

USA

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

GARCIA, ALEXIS

14255 SW 176TH TERRACE  
 MIAMI FL 33177

Name

DAMASO A ULLOA

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

85 GRAND CANAL DR

SUITE 301

City

MIAMI

FL

Zip Code

33144

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

DAMASO A ULLOA

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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 PD  
 NAME GARCIA, ALEXIS  
 STREET ADDRESS 14255 SW 176TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33177 ☒ Delete

TITLE ULLOA, DAMASO A  
 NAME ULLOA, DAMASO A  
 STREET ADDRESS 85 GRAND CANAL DR PD, VP, SD  
 CITY-ST-ZIP MIAMI FL 33144 ☒ Change ☐ Addition

TITLE VD  
 NAME ULLOA, DAMASO A  
 STREET ADDRESS 10110 SW 40TH STREET  
 CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

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

TITLE SD  
 NAME PEREZ, MARIA A  
 STREET ADDRESS 14255 SW 176TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33177 ☒ 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 ☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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)(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:

DAMASO A ULLOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CH2034 (10/00)