

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90218 006 ***150.00

DOCUMENT # P01000063317

1. Entity Name
CENTER FOR LANGUAGE STUDIES, INC.



Principal Place of Business
**1600 WEST COLONIAL DRIVE
ORLANDO FL 32804**

Mailing Address
**1600 WEST COLONIAL DRIVE
ORLANDO FL 32804**

7476 UNIVERSAL BLVD

2. Principal Place of Business

3. Mailing Address
7476 UNIVERSAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

4. FEI Number **59-3726513**

Applied For
☐ Not Applicable

Zip
32819

Country
U-S-A

Zip
32819

Country
U-S-A

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TORRES, HUMBERTO
1600 WEST COLONIAL DRIVE
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name
TORRES, HUMBERTO
Street Address (P.O. Box Number is Not Acceptable)
7476 UNIVERSAL BLVD
City
ORLANDO, FL Zip Code
32819

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TORRES, HUMBERTO**
STREET ADDRESS **1600 WEST COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)