

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90500 042 ***150.00

DOCUMENT # P01000065533

1. Entity Name
AMERICAS LEARNING RESOURCE CORP



Principal Place of Business
7335 SW 113 CIRCLE PLACE
MIAMI FL 33173
US

Mailing Address
7335 SW 113 CIRCLE PLACE
MIAMI FL 33173
US



2. Principal Place of Business

2884 Oakbrook Dr.
Suite, Apt. #, etc.

3. Mailing Address

7335 SW 113 Circle Place
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL

City & State
Miami, FL

4. FEI Number **65-1125758**

Applied For
Not Applicable

Zip **33332** Country **USA**

Zip **33173** Country **USA**

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

6. Name and Address of Current Registered Agent

DE LA PIEDRA, GIULIANA
7335 SW 113 CIRCLE PLAZA
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **Sharon Mamud**
Street Address (P.O. Box Number is Not Acceptable)
7335 SW 113 Circle Place
City **Miami** FL Zip Code **33173**

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 **Sharon M Mamud** DATE **Jan 31, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **MAMUD, SHARON F**
STREET ADDRESS **7335 SW 113 CIRCLE PLACE**
CITY-ST-ZIP **MIAMI FL 33173**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Sharon M Mamud** **Sharon Mamud Jan 21/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)