

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90035 013 ***150.00

DOCUMENT # P01000114163

1. Entity Name
LONDON COMPUTER CAREER SCHOOL, INC.



Principal Place of Business
5600 SW 135TH AVE. SUITE #216
MIAMI FL 33183

Mailing Address
P O BOX 960277
MIAMI FL 33296
US



2. Principal Place of Business
5600 SW 135 AVE
SUITE #111
MIAMI, FLORIDA
33183 USA

3. Mailing Address
SUITE, Apt. #, etc.
CITY & STATE
Zip
COUNTRY

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1158019**

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

6. Name and Address of Current Registered Agent
DIAZ, LUIS
5600 SW 135TH AVE, SUITE #216
MIAMI FL 33183

7. Name and Address of New Registered Agent
Name DIAZ, LUIS
Street Address (P.O. Box Number is Not Acceptable) 5600 SW 135 AVE #111
City Miami FL Zip Code 33183

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 DATE **1/15/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PSTD	DIAZ, MARIA		PSTD	DIAZ, LUIS
		8401 SW 107 AVENUE APT #7778			5600 SW 135 AVE #111
		MIAMI FL 33173			MIAMI, FLA 33183
		<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **1/15/03** **305-408-6599**

CR2E034 (10/02)