

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000115854

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: TRILOGY LEARNING CENTER, INC.

Current Principal Place of Business:

7040 SW 61ST AVENUE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

8895 SW 126 TERRACE
SOUTH MIAMI, FL 331476

Current Mailing Address:

8895 SW 126TH TERRACE
MIAMI, FL 33176

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS-ROBINSON, BARBARA
8895 SW 126TH TERRACE
MIAMI, FL 33176

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS-ROBINSON, BARBARA
Address: 8895 SW 126 TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA THOMAS-ROBINSON

PRES

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date