## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # PUSUUUUUUU



FILED
Mar 20, 2003 8:00 am §
Secretary of State

1. Entity Na			ARNING CENTER, IN	ıc.			03-20-2003 9	•			
Principal Place of Business 2719 CASABLANCA DRIVE MIRAMAR FL 33023			Mailing Address 2719 CASABLANCA DRIVE MIRAMAR FL 33023								
2. Principal	Place of Busine	ss	3. Mailing Address		<u>,</u>						
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
			City & State			4. FEI Number Applied For Not Applied For					<u></u>
Zip Country		Zip Country			5. Certificate	of Status Desired	₩ \$8	.75 Ad	Iditional		
6. Name and Address of Current Registered Agent						7. Name and	Address of New R		Require	<del></del>	4
					Vame 1	<u> </u>		<del></del>			╣.
FIGUEROA, GLADYS					Street Address (P.O. Box Number is Not Acceptable)						
1111 KANE CONCOURSE #609					Direct Address (i	r.O. BOX Numbe	i is not acceptable	, 			ı
BAY HAR	rbor islands	S FL 33154			2719	casa	blanca	Dr.			
_				(	City M:	rama		FL	Zip Coc	e a	1
8. The abov	e named entity s	submits this statement	or the purpose of changing its	registered o	office or register	ed agent, or both	n, in the State of Flo	rida. I am fami	lliar with,	and accept	1
ine obliga	Thoris or register		$\bigcirc$		<b>.</b>		_	_			
SIGNATURE	Signature, typed or p	printed name of registered ager	It and title if applicable. (NOTE	E: Registered Ag	ent signature required	when reinstating)	<u> </u>	<u> つ. のこ</u>	<u> </u>	<del></del>	
,		FEE IS \$150.00				T					-
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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.