

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90225 037 ***150.00

024046 AV

DOCUMENT # P02000008901

1. Entity Name
ADVICE LANGUAGE SCHOOL, INC.



Principal Place of Business
**777 17TH STREET PENTHOUSE STE
MIAMI BEACH FL 33139**

Mailing Address
**777 17TH STREET PENTHOUSE STE
MIAMI BEACH FL 33139**

2. Principal Place of Business

**2901 Ponce de Leon Blvd.
Suite, Apt. #, etc.
3rd Floor**

3. Mailing Address

**2901 Ponce de Leon Blvd.
Suite, Apt. #, etc.
3rd Floor**

City & State
Coral Gables FL

City & State
Coral Gables FL

4. FEI Number
80-00 28988

Applied For
Not Applicable

Zip Country
33134 Miami

Zip Country
33134 Miami

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CIFUENTES, MARIA ESQ
777 17TH STREET PENTHOUSE STE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **Susana Berutti**
Street Address (P.O. Box Number is Not Acceptable)
2901 Ponce de Leon Bl 3rd Floor
Coral Gables, FL 33134
City **FL** Zip Code **33134**

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 **Claudio Berutti - President** DATE **04-21-03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BERUTTI, CLAUDIO R**
STREET ADDRESS **777 17TH STREET PENTHOUSE STE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DP** ☐ Change ☐ Addition
NAME **BERUTTI, CLAUDIO R.**
STREET ADDRESS **2901 Ponce de Leon Bl 3rd Floor**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **DV** ☐ Delete
NAME **ALFONSO, SUSANA M**
STREET ADDRESS **777 17TH STREET PENTHOUSE STE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DV** ☐ Change ☐ Addition
NAME **ALFONSO, SUSANA M**
STREET ADDRESS **2901 Ponce de Leon Bl 3rd Floor**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: **Susana Berutti** DATE **04.21.03** DAYTIME PHONE # **305.529.0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)