

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90072 002 ***150.00

0309879 AV

DOCUMENT # P02000022131

1. Entity Name
KNOWLEDGE LEARNING CENTER, INC.



Principal Place of Business
**21310 NE 24 COURT
MIAMI FL 33180**

Mailing Address
**21310 NE 24 COURT
MIAMI FL 33180**

2. Principal Place of Business
**646 W. HALLANDALE
Suite, Apt. #, etc. BEACH BLVD.**

3. Mailing Address
Suite, Apt. #, etc.

City & State
HALLANDALE FL

City & State

4. FEI Number
90-000 2275

Applied For
Not Applicable

Zip
33009

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BUECHLER, JERRY
21310 NE 24 COURT
MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD** ☐ Delete
NAME **BUECHLER, JERRY**
STREET ADDRESS **21310 NE 24 COURT**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE **TD** ☐ Delete
NAME **HUNT, MICHAEL**
STREET ADDRESS **1459 PLUNKETT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE **D** ☐ Delete
NAME **POMEROY, LINDA**
STREET ADDRESS **2730 PLUNKETT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE **SD** ☐ Delete
NAME **ANDERSON, SYLVIA**
STREET ADDRESS **2851 LEONARD DRIVE #J-510**
CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE **D** ☒ Delete
NAME **FABRES, RAUL**
STREET ADDRESS **6474 BUENA VISTA DRIVE**
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **VD** ☒ Delete
NAME **AVENDANO, ERIKA**
STREET ADDRESS **6911 SW 11 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

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: **m. MICHAEL J. HUNT** Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 305.937.1466 EXT. 13

Date

Daytime Phone #

CR2E034 (10/02)