

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90136 006 ***150.00

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DOCUMENT # P02000024246

1. Entity Name
IT'S A SMALL WORLD LEARNING CENTER III INC.



Principal Place of Business
**252 HIALEAH DR
HIALEAH FL 33010**

Mailing Address
**252 HIALEAH DR
HIALEAH FL 33010**

2. Principal Place of Business

405 Hialeah Drive
Suite, Apt. #, etc.

3. Mailing Address

252 Hialeah Drive
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Hialeah, FL

Zip
33010

Country

City & State
Hialeah, FL

Zip
33010

Country

4. FEI Number

36-4504103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTORELL, MARCIA E
405 HIALEAH DR
HIALEAH FL 33010**

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	<input type="checkbox"/> Delete
NAME	MARTORELL, MARCIA E	
STREET ADDRESS	405 HIALEAH DR	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTORELL, ROBERTO	
STREET ADDRESS	405 HIALEAH DR	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTORELL, MARCY	
STREET ADDRESS	405 HIALEAH DR	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

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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:

Marcia E Martorell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 (305) 883-0097
Date Daytime Phone #

CR2E034 (10/02)