

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90327 026 \*\*\*150.00

**DOCUMENT # P02000032022**

**1. Entity Name**  
**UNIVERSAL MATH & LANGUAGE CENTER, INC.**



**Principal Place of Business**  
**725 SOUTH 12TH AVE.**  
**HOLLYWOOD FL 33019**

**Mailing Address**  
**725 SOUTH 12TH AVE.**  
**HOLLYWOOD FL 33019**

**2. Principal Place of Business**

**725 South 12 Ave.**

Suite, Apt. #, etc.

**Hollywood, FL 33019**

City & State

**3. Mailing Address**

**725 South 12 Ave.**

Suite, Apt. #, etc.

**Hollywood, FL**

City & State



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**14-1864339**

Applied For

Not Applicable.

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RUMOWICZ, NATHALIE**  
**725 SOUTH 12TH AVE.**  
**HOLLYWOOD FL 33018**

**7. Name and Address of New Registered Agent**

Name

**Nathalie Rumowicz**

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

**725 South 12th Ave.**

City

**Hollywood**

**FL**

Zip Code

**33019**

**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**

**Nathalie Rumowicz President**

**4/23/03**

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**

**TITLE** **D** ☐ Delete  
**NAME** **RUMOWICZ, NATHALIE**  
**STREET ADDRESS** **725 SOUTH 12TH AVE.**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33018**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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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:**

**Nathalie Rumowicz President**

**4/23/03**

**954-927-7411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)