

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90038 041 \*\*\*150.00

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DOCUMENT # P02000107172

1. Entity Name

SUCCESSFUL KEYS TO LEARNING INC



Principal Place of Business

8438 NW 40TH CT  
SUNRISE FL 33351

Mailing Address

8438 NW 40TH CT  
SUNRISE FL 33351



2. Principal Place of Business

8438 NW 40th Ct

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sunrise FL

City & State

4. FEI Number

061650815

Applied For

Not Applicable

Zip

33351

Country

Brwd.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, HAVA

8425 NW 40TH CT  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name Rosanne Venci

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

8438 NW 40th Ct

City Sunrise FL

FL

Zip Code 33351

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

Rosanne Venci

7/11/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 PVPS  
NAME VENCI, ROSANNE  
STREET ADDRESS 8438 NW 40TH CT  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Rosanne Venci

7/11/03

(954) 588-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

*attachment*

90143310  
#PO2000107172

SUCCESSFUL KEYS TO LEARNING

7/11/03

To Whom It May Concern,

This letter is to address a problem that I would hope to resolve. I have just received a 2003 Uniform Business Report for my business. The problem is I am receiving this for the first time. The report cover states that this is my 60 day notice which I do not understand. I am promptly responding to this and hope you will accept this. I am sending a check for \$ 150.00 since I did not receive the first notice and think it would be unfair to be charged the 60 day notice fee. I appreciate your time concerning this matter. Please contact me if there is a problem.

Sincerely,

Rosanne Venci

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