

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90010 049 \*\*\*550.00

**DOCUMENT # P41111**

1. Entity Name  
**CENTER FOR ENGLISH STUDIES, INC.**

Principal Place of Business

**301 E. LAS OLAS  
 7TH FLR  
 FT LAUDERDALE FL 33301  
 US**

Mailing Address

**301 E. LAS OLAS  
 7TH FLR  
 FT LAUDERDALE FL 33301  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**13-3033555**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD.  
 SUITE 508  
 MIAMI FL 33158-0000**

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.

SIGNATURE Rebecca Patterson - Treasurer R Patterson

8/7/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPS** ☒ Delete  
 NAME **STARK, ELIZABETH**  
 STREET ADDRESS **301 E. LAS OLAS, 7TH FLR**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **V** ☒ Delete  
 NAME **PEREZ, JOHN**  
 STREET ADDRESS **301 E. LAS OLAS, 7TH FLR**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **John Sykes (Mr)** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **301 E. LAS OLAS, 7TH FLR**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **MRS** ☐ Change ☒ Addition  
 NAME **KATHLEEN NEWCOMBE**  
 STREET ADDRESS **301 E. LAS OLAS, 7TH FLR**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **MRS** ☐ Change ☒ Addition  
 NAME **REBECCA PATTERSON**  
 STREET ADDRESS **301 E. LAS OLAS, 7TH FLR**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R Patterson **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

Date

954 331 3165

Daytime Phone #

CR2E034 (5/00)