

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014785

1. Entity Name

LEARNING CONSULTANTS, INC.

Principal Place of Business

9395 W SAMPLE RD
CORAL SPRINGS FL 33065

Mailing Address

9395 W SAMPLE RD
CORAL SPRINGS FL 33065

2. Principal Place of Business

493 NW 101 AVE

Suite, Apt. #, etc.

3. Mailing Address

493 NW 101 AVE

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

CORAL SPRINGS, FLORIDA

Zip

33071

Country

BROWARD

Zip

33071

Country

BROWARD

4. FEI Number

65-0390114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEUERMAN, ELLEN W
493 NW 101 AVE
CORAL SPRINGS FL 33071

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	STEUERMAN, ELLEN W	
STREET ADDRESS	9395 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	SERENA, JACOBS	
STREET ADDRESS	9395 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDMAN, MORISA	
STREET ADDRESS	9395 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEUERMAN, E. MANNY	
STREET ADDRESS	9395 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	493 NW 101 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	493 NW 101 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	493 NW 101 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	493 NW 101 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ellen W. Steuerman Ellen W. STEUERMAN 4/30/01 (954) 752-7451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90009 007 ***150.00

003745



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)