

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90368 043 ***150.00

028846 AV

DOCUMENT # P94000025199

1. Entity Name
CORPORATE LEARNING ASSOCIATES, INC.

Principal Place of Business
20801 BISCAYNE BLVD. STE. 304
AVENTURA FL 33180-1422

Mailing Address
20801 BISCAYNE BLVD. STE. 304
AVENTURA FL 33180-1422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0481721**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SASLAW, GARY R
20801 BISCAYNE BLVD. STE. 304
AVENTURA FL 33180-1422

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
NAME **PREMER, HOWARD**
STREET ADDRESS **12000 BISCAYNE BLVD. SUITE 705**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33181**

☐ Delete

TITLE **DCST**
NAME **PREMER, HOWARD**
STREET ADDRESS **12000 BISCAYNE BLVD., SUITE 705**
CITY-ST-ZIP **NORTH MIAMI, FL. 33181**

☒ Change ☐ Addition

TITLE **DVST**
NAME **SASLAW, GARY R**
STREET ADDRESS **20801 BISCAYNE BLVD. STE. 304**
CITY-ST-ZIP **AVENTURA FL 33180-1422**

☐ Delete

TITLE **DV**
NAME **SASLAW, GARY R.**
STREET ADDRESS **20801 BISCAYNE BLVD., SUITE 304**
CITY-ST-ZIP **AVENTURA, FL. 33180-1422**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **P**
NAME **HUFFMAN, CHRISTOPHER O.**
STREET ADDRESS **12000 BISCAYNE BLVD., SUITE 705**
CITY-ST-ZIP **NORTH MIAMI, FL. 33181**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: By **CORPORATE LEARNING ASSOCIATES, INC.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER O. HUFFMAN PRESIDENT

3/15/02

305.895.2617

Date

Daytime Phone #

CR2E034 (9/01)