2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 12, 2001 8:00 am Secretary of State P94000042110 DOCUMENT # 1. Entity Name 04-17-2001 90002 008 ***150.00 CREATIVE STAFFING LEARNING CENTERS, INC. Principal Place of Business Mailing Address 7700 N KENDALL DRIVE 7700 N KENDALL DRIVE STE. 300 STE. 300 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0499083 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACHADO, ANN P Street Address (P.O. Box Number is Not Acceptable) 7700 N KENDALL DRIVE MIAMI FL 33156 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. The same of the sa -SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition CR2E034 (5/01 TITLE ☐ Delete TITLE ☐ Change MACHADO, ANN P NAME NAME STREET ADDRESS 7700 N. KENDALL DRIVE, STE. 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ ☐ Change ☐ Addition TITLE □ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Delete ☐ Change DITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS DDRESS CITY-ST-ZIE Y-ST-ZIF he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualif indicated on this report or surpler of the corporation or the receiver nental report is true and accurate and empowered to execute this r erlor truste e changed, or on an attachme

	1 Uniform Bu	·	ORT (UBR)		attachmen
1. Entity #an	MENT # P9400 TE STAFFING LEARNING		F -	Land.	attachmen.
Principal Place of Business 7700 N KENDALL DRIVE STE. 300 MIAMI FL 33156 US		Mailing Address 7700 N KENDALL DRIVE STE. 300 MIAMI FL 33156 US		16	325
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE
City & State		City & State		4. FEI Number 65-0499083	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired [\$3.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Regis	tered Agent
MACHADO, ANN P 7700 N KENDALL DRIVE			Street Addres	ss (P.O. Box Number is Not Acceptable)	
MLAM	VII FL 33156		City		
D. The sine of			City	stered agent, or both, in the State of Florida.	Zip Code
SIGNATURE (signature, types i Mited name of registerer	lelo	NOTE: Registered Agent signature requ	4/3/01	DATE
Tax filing	oration is eligible to satisfy its Intar requirement and elects to do so. ria on back)	. After MAY, 1,	Will FEE IS \$150.00 2001 Fee will be \$550.0 yable to Department of S	Trust Fund Contribution	ng . \$5.00 May Be
TI.	OFFICERS D	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICER	
NAME STREET ADDRESS CITY-ST-ZIP	MACHADO, ANN P 7700 N. KENDALL DRIVE, S MIAMI FL		NAME STREET ADDRESS CITY-ST-ZIP	en branch	r ☐ Change ☐ Addillon 8
TITLE NAME		Delete	TITLE . NAME	Olwi-19	Change Addition
	·		STREET ADDRESS		`
mai Bank nai Bank orida orida Service	CREATIVE	STAFFING LEARN 7700 N. KENDALL DR.,	STE. 300	NC.	1047
National Tornation		MIAMI, FL-3315	66	(10:3	63-643/670 00923
t Union lorida mi Spri four im	PAY he him	Siel SI	/	12/	19 Particular products product products products product products products product products products products product product products product product products product product products product pr
Firs 24 1	TO THE ORDER	10	TH ON	IS CHECK IS DELIVERED FOR PAYMENT THE FOLLOWING ACCOUNTS	5/50 //a
F É	Depty	State	<u> </u>	amuel r	Rost
			_	$-\Lambda$	
	•			4/12 1)	· ()
	"*OO 104	7# 1 : 0670064	000000315 E	76 1975	MP
Huloacou of the core	All Spicoring or the second of	and the control of th	0000PO\$:15 E	among a speciment any one speciments speciments and any one of the speciments.	MP

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR