

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045793

1. Entity Name

UNITED NATIONAL LEARNING ACADEMY, INC.

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90077 027 \*\*\*150.00

Principal Place of Business  
2194 NW 72ND AVE  
MIAMI FL 33122  
US

Mailing Address  
9870 N.W. 49TH TERR  
MIAMI FL 33178  
US

710474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
2194 NW 72nd Ave  
Suite, Apt. #, etc.

City & State  
MIAMI FL

4. FEI Number 65-0503981  
Applied For  
Not Applicable

Zip Country  
33122 US

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

6. Name and Address of Current Registered Agent  
CASANOVA, ALEJANDRO M  
9870 N.W. 49TH TERRACE  
MIAMI FL 33178

7. Name and Address of New Registered Agent  
Name: Giannina Botero  
Street Address (P.O. Box Number is Not Acceptable): 520 Brickell Key Dr. # 909  
City: Miami - FL  
City: Miami - FL FL Zip Code: 33131

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]* \*1/25/01  
(NOTE: Registered Agent signature required when reinstating)

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
NAME	CASANOVA, ALEJANDRO M
STREET ADDRESS	9870 N.W. 49TH TERRACE
CITY-ST-ZIP	MIAMI FL 33178
TITLE	VP
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P
NAME	MARIA LECARD
STREET ADDRESS	15364 SW 34ST
CITY-ST-ZIP	MIAMI FL 33185
TITLE	VP
NAME	MANUEL BOTERO
STREET ADDRESS	2194 NW 72nd Ave
CITY-ST-ZIP	MIAMI FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: *[Signature]* MARIA LECARD  
Date: 01-25-01 Daytime Phone #: 305-597-9945