

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000045793

1. Entity Name
UNITED NATIONAL LEARNING ACADEMY, INC.



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

Mailing Address
2194 NW 72ND AVE
MIAMI, FL 33122 US

FILED
Sep 23, 2008 08:00 AM
Secretary of State



08112008 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0503981
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUIS E. DIAZ ESQ.
1529 SW 1 STREET
MIAMI, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VARGAS, LUIS
STREET ADDRESS	2194 NW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	DTS
NAME	LECARO, MANUEL A
STREET ADDRESS	2194 NW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	V
NAME	LECARO, MARIA MAINO
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	

U00000958959
09/23/08-80002-007-550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Director 9-10-08 305 597 9945