

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90010 049 ***150.00

80014902



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000092597

1. Entity Name
THUMBELINA LEARNING CENTER CORPORATION

| | |
|---|--|
| Principal Place of Business 3670 E 4 AVE MIAMI FL 33013 | Mailing Address 3670 E 4 AVE HIALEAH FL 33013-0012 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|--|
| 4. FEI Number 65-0542842 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
TEJEDA, ALEXIS A
15592 SW 63RD TERRACE
MIAMI FL 33193

7. Name and Address of New Registered Agent
 Name **Tejeda, Alexis A.**
 Street Address (P.O. Box Number is Not Acceptable) **1015 NORTH SHORE DRIVE**
MIAMI BEACH, FLORIDA 33141.
 City **FL** Zip Code

} Change of Address.

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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-------------------------------------|---------------------------------|
| TITLE NAME | P TEJEDA, ALEXIS A | <input type="checkbox"/> Delete |
| STREET ADDRESS | 15592 SW 63RD TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|-------------------------------|---------------------------------|-----------------------------------|
| TITLE NAME | Tejeda, Alexis A | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | 1015 NORTH SHORE DRIVE | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | | |
| TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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: *Alexis A Tejeda* Date 2/1/2000 Daytime Phone # 305 836 0535

CR2E034 (9/99)