

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90013 005 ***150.00

0352388

DOCUMENT # P95000012611

1. Entity Name:

EMMANUEL ACHIEVEMENT CENTER, INC.

Principal Place of Business

Mailing Address

11112 HENDERSON ROAD
 TAMPA FL 33625

11112 HENDERSON ROAD
 TAMPA FL 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3295642**

Applied For

Not Applicable

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

TORRES, NYDIA
5421 RIPPLE CREEK DR
TAMPA FL 33625

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.

(NOT Registered Agent's 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **TORRES, NYDIA**
 STREET ADDRESS **5421 RIPPLE CREEK DR**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TORRES, ANTONIO**
 STREET ADDRESS **5421 RIPPLE CREEK DR**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☒ Change ☐ Addition
 NAME **Torres, Antonio**
 STREET ADDRESS **P.O. Box 19544**
 CITY-ST-ZIP **San Juan, P.R. 00910-1544**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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: *Nydia Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01

Date

(813) 264-3500

Daytime Phone #

CR2E034 (10/00)

DOCUMENT
#P95000012611



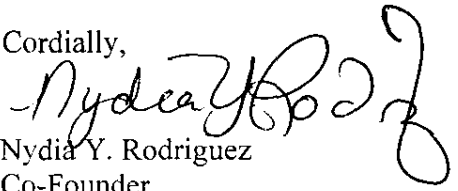
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May 30th, 2001

Dear Sir or Madam:

I am writing in hopes of obtaining a waiver on the late fee for the-filing of Emmanuel Achievement Center's Uniform Business Report. I am the person in charge of completing this report. This year I was away for a couple of months in Puerto Rico taking care of my father who was suffering from a terminal cancer. My father passed away and I have returned to work. I am sending the completed report with payment and requesting a waiver on the late fee for files returned after May 1st, 2001.

Thanking you in advance for your time and consideration. Please contact me if you need additional information.

Cordially,

Nydia Y. Rodriguez
Co-Founder