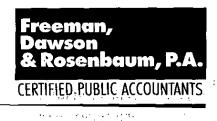
2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 25, 2000 8:00 am Secretary of State DOCUMENT # P95000045924 KILLIAN OAKS HOUSE OF LEARNING, INC. 08-25-2000 90062 037 ***150.00 Principal Place of Business Mailing Address 10545 SW 97 AVE. 10545 SW 97 AVE. MIAMI, FL 33176 MIAMI, FL 33176 nnn81014 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0595907 Not Applicable 7ip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAQUEL DAWSON, CPA JAMES A. = WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET, SUITE 10134 SW 78 CT. MIAMI, FL 33156 City Zio Code IMAIM <u>33133</u> 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. 7/10/00 SIGNATURE RAQUEL DAWSON, FILE NOW!!! FEÉ IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12 11. ☐ Delete TITLE TITLE P NAME NAME RICON; MERCEDES STREET ADDRESS STREET ADDRESS 10545 SW 97 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI. FL 33176 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE 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-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 AND TYPE

CR2E034 (9/99)





August 21, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Killian Oaks House of Learning, Inc.

Document #P95000045924

Dear Sir/Madam:

Enclosed is the 2000 Uniform Business Report for the above-mentioned entity. This form is being submitted at this late date because the first form was never received. On behalf of my clients, I ask that you allow this report to be submitted at the \$150.00 fee at this time.

Thank you for your cooperation in this matter. If you have any questions, please don't hesitate to contact me.

Sincerely,

Raquel Dawson, CPA

RD:em

Enclosure

F:\DATA\WP\ROCKY\Killian Oaks Itr to Dept of State re annual rpt.doc