

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90020 015 \*\*\*158.75

DOCUMENT # P95000046367

1. Entity Name

SMARTEN UP LANGUAGE COURSE, INC.

Principal Place of Business

Mailing Address

ECLIPSE TRAIL  
 BEACH FL 32174

P.O. BOX 730575  
 ORMOND BEACH FL 32173-0575  
 US

2. Principal Place of Business

3. Mailing Address

7 Eclipse Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ormond Beach, Florida

4. FEI Number

59-3320761

Applied For

Not Applicable

Zip

Country

Zip

Country

32174

U.S.A.

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

Name

Celestino A. dos S. Marques

Street Address (P.O. Box Number is Not Acceptable)

7 Eclipse Trail

Ormond Beach

City

Ormond Beach

FL

Zip Code

32174

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.

(NOTE: Registered Agent signature required when reinstating)

04/21/2000

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, 2000 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 MARQUES, CELESTINO A DOS  
 7 ECLIPSE TRAIL  
 ORMOND BEACH FL ☐ Delete

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

TITLE  
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 MARQUES, TELMA S FERRACC  
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 ORMOND BEACH FL ☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Celestino A. S. Marques-President

05/22/2000 (904) 676-7655

Date

Daytime Phone #

C-32E034 (9/99)