

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90718 020 ***550.00

DOCUMENT # P96000014576

1. Entity Name
ELECTRONIC CENTER OF LANGUAGES, INC.

Principal Place of Business

6355 NW 36 ST
 403
 MIAMI FL 33166
 US

Mailing Address

6355 NW 36 ST
 403
 MIAMI FL 33166
 US

00122181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8081 N.W. 36th St
 Suite, Apt. #, etc.
 419

3. Mailing Address

8081 N.W. 36th St
 Suite, Apt. #, etc.
 419

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number 65-0651960

Applied For
 Not Applicable

Zip 33166

Country USA

Zip 33166

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, JOSE A
 6355 NW 36 STREET
 SUITE 402
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name Carrillo, Jose A
 Street Address (P.O. Box Number is Not Acceptable)
 8081 N.W. 36th St. Suite 419
 City Miami FL Zip Code 33166

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 José Carrillo DATE 5/16/02
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SALAZAR, JOSE ALVARO C	
STREET ADDRESS	6355 NW 36 ST #402	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE CARRILLO, ELIC KISELA A	
STREET ADDRESS	6355 NW 36 ST #402	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	A CARRILLO, JOSE	
STREET ADDRESS	6355 NW 36 ST #402	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARRILLO, GERMAN	
STREET ADDRESS	6355 NW 36 ST #402	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	José Carrillo Salazar	
STREET ADDRESS	8081 N.W. 36 th St Suite 419	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

05-29-02