

# 000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **2 P96000071591**

1. Entity Name  
**The Portuguese Language Institute**

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**  
07-19-2000 90002 022 \*\*\*158.75

Principal Place of Business  
**1000 Brickell Ave - Suite 900 Miami, FL 33131**

Mailing Address  
**1000 Brickell Ave. Suite 900 Miami, FL 33131**

**00068654**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**65-0702565**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Stephen L. Perrone  
1000 Brickell Avenue, Suite 900  
Miami, FL 33131**

7. Name and Address of New Registered Agent  
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 (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) ☐

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ulloa, Sofia Azevedo 1000 Brickell Ave., Suite 900 Miami, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT Perrone, Stephen L. 1000 Brickell Ave., Suite 900 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Perrone, Marilyn J. 1000 Brickell Ave., Suite 900 Miami, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: **Stephen L. Perrone** **6/26/00** **305-702-5503**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P96000071591

Attachment  
D#  
D0068654

6/23/00 CORPORATE DETAIL RECORD SCREEN 8:45 AM  
NUM: P96000071591 ST:FL ACTIVE/FL PROFIT FLD: 08/28/1996  
FEI#: 65-0702565  
NAME : PORTUGUESE LANGUAGE INSTITUTE, INC.  
PRINCIPAL: 1000 BRICKELL AVENUE CHANGED: 03/09/98  
ADDRESS SUITE 900  
MIAMI, FL 33131 US  
MAILING : 1000 BRICKELL AVENUE CHANGED: 03/09/98  
ADDRESS SUITE 900  
MIAMI, FL 33131 US  
RA NAME : PERRONE, STEPHEN L  
RA ADDR : 1000 BRICKELL AVENUE ADDR CHG: 03/09/98  
SUITE 900  
MIAMI, FL 33131 US  
ANN REP : (1997) BY 05/05/97 (1998) BY 03/09/98 (1999) AY 04/14/99

6/23/00 OFFICER/DIRECTOR DETAIL SCREEN 8:45 AM  
CORP NUMBER: P96000071591. CORP NAME: PORTUGUESE LANGUAGE INSTITUTE, INC.  
TITLE: D NAME: ULLOA, SOPHIA AZEVEDO  
1000 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131  
TITLE: DPT NAME: PERRONE, STEPHEN L  
1000 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131  
TITLE: DS NAME: PERRONE, MARILYN J  
1000 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131

✓ P96000071591

Attachment  
D0068654

# The Portuguese Language Institute

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June 12, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**Re: Portuguese Language Institute**  
**EIN: 65-0702565**

To Whom It May Concern:


Enclosed is a copy of our 2000 Annual Report that was mailed on March 23, 2000 along with Check No. 1122 in the amount of \$1587.75 (filing fee plus certified copy). This annual report was sent via Certified Return Receipt Requested and was returned to us signed by Terry Raines and dated April 14<sup>th</sup> (see enclosed). Also included in that package was another Annual Report form for a company entitled Santiva Properties, LLC - EIN: 650891529 which does appear as having been filed.

As per your office's instructions, we have done the following:

- Placed a stop payment on the original check.
- Forwarded a new check for the same amount payable to the Department of State.
- Included a letter of explanation.
- Had an officer sign the copy of the 2000 Annual Report which was sent to your offices on May 23, 2000.

Please file this annual report as soon as possible and issue a certified copy to our attention at the address below. Feel free to contact us by mail or by fax at (305) 702-5549 to advise if we need to take further action on this matter.

Sincerely,



Stephen L. Perrone

P96000071591

# 2000 UNIFORM BUSINESS REPORT (UBR)

Attachment  
DOB 608054

DOCUMENT # P96000071591

1. Entity Name

PORTUGUESE LANGUAGE INSTITUTE, INC.

Principal Place of Business

1000 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131  
US

Mailing Address

1000 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131-3047  
US

PORTUGUESE LANGUAGE INSTITUTE INC.

1000 BRICKELL AVE., SUITE 900  
MIAMI, FL 33131

1091

PAY  
TO THE  
ORDER OF

Department of State \*\*\*\*\*

DATE 1/3/00

63-91551  
660

One Hundred Fifty Eight and 75/100 \*\*\*\*\* \$ 158.75 \*\*\*\*\*  
DOLLARS

**TOTALBANK**

BRICKELL BRANCH  
1110 BRICKELL AVE  
MIAMI, FLORIDA 33131

FOR P96000071591 - 2000 Annual Report

001091 0066009155

0510370606

9. Corporation is eligible to satisfy its filing requirements 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

## OFFICERS AND DIRECTORS

NAME	D ULLOA, SOPHIA AZEVEDO 1000 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131	<input type="checkbox"/> Delete
ST-ZIP		
NAME	DPT PERRONE, STEPHEN L 1000 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131	<input type="checkbox"/> Delete
ST-ZIP		
NAME	DS PERRONE, MARILYN J 1000 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131	<input type="checkbox"/> Delete
ST-ZIP		
NAME		<input type="checkbox"/> Delete
ST-ZIP		
NAME		<input type="checkbox"/> Delete
ST-ZIP		
NAME		<input type="checkbox"/> Delete
ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), 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 of changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

3/23/00 305-702-5523

CR2E034 (9/99)

P960000071591

Attachment  
D0068654

UNITED STATES POSTAL SERVICE

YALLOUSEE, FL 32090  
PM  
17 APR 2000

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Lucie Georgi  
Santiva Properties, LLC + PLI  
1000 Brickell Ave.  
#900  
Miami, FL 33131

Re: Santiva Properties, LLC - Annual  
+ PLI Reports

P9600007 1591

Attachment  
D0060654

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Division of Corporations  
PO Box 6327  
Tallahassee, FL  
32314-6327

4a. Article Number

2306-596-984

4b. Service Type

☒ Registered ☐ Certified  
☐ Express Mail ☐ Insured  
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

APR 14 2000

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Perry Raines

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 306 596 984

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	Registration Section
Street & Number	Division of Corp.
Post Office, State, & ZIP Code	PO Box 6327
	Tallahassee, FL
	32314-6327
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date  
Sentive. Pctes + PLI  
Annual Report  
2000