

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071591

1. Entity Name

PORTUGUESE LANGUAGE INSTITUTE, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90122 034 \*\*\*158.75

Principal Place of Business

1000 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131  
US

Mailing Address

1000 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131  
US

00041014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 Brickell Ave  
Suite, Apt. #, etc.  
920

3. Mailing Address

1000 Brickell Ave  
Suite, Apt. #, etc.  
920

City & State

MIAMI, FL  
Zip 33131 Country USA

City & State

MIAMI, FL  
Zip 33131 Country USA

4. FEI Number

65-0702565

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRONE, STEPHEN L  
1000 BRICKELL AVENUE  
SUITE 900 920  
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 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, 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

TITLE D ☐ Delete  
NAME ULLOA, SOPHIA AZEVEDO  
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900  
CITY-STATE-ZIP MIAMI FL 33131

TITLE DPT ☐ Delete  
NAME PERRONE, STEPHEN L  
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900  
CITY-STATE-ZIP MIAMI FL 33131

TITLE DS ☐ Delete  
NAME PERRONE, MARILYN J  
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900  
CITY-STATE-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME ULLOA, Sofia AZEVEDO  
STREET ADDRESS 1000 Brickell Ave. Suite 920  
CITY-STATE-ZIP MIAMI, FL 33131

TITLE DPT ☒ Change ☐ Addition  
NAME Perrone, Stephen L.  
STREET ADDRESS 1000 Brickell Ave., Suite 920  
CITY-STATE-ZIP MIAMI, FL 33131

TITLE DS ☒ Change ☐ Addition  
NAME Perrone, Marilyn J.  
STREET ADDRESS 1000 Brickell Ave. Suite 920  
CITY-STATE-ZIP MIAMI, FL 33131

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 305-702-5503

CR2E034 (10/00)