2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000002951 DOCUMENT

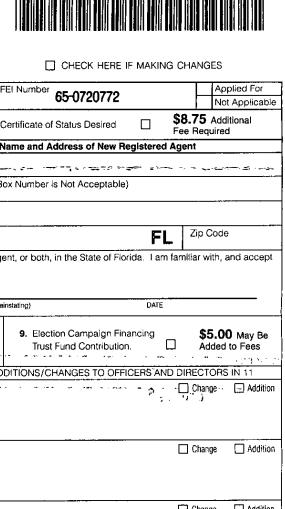
1. Entity Name

IT'S A SMALL WORLD LEARNING CENTER, INC.

Principal Plac 252 HIALEAH I HIALEAH FL 33	DRIVE	S	252 HIALEAH	Mailing Address 252 HIALEAH DRIVE HIALEAH FL 33010								
2. Principal F	Place of Busir	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State	City & State			4. FEI Number 65-0720772			Applied For Not Applicable		
Zip Country			Zip	Zip Country		5.	Certificate of Status	Desired		8.75 Add ee Required		
	6. Name	and Address of Curren	t Registered Age	nt .	·	7.	Name and Address	of New Reg	istered Ag	jent		
			_		Name							
	LL, MARCIA	E	الموسودة والمالية والمالية والمالية والمالية والمالية	S			reet Address (P.O. Box Number is Not Acceptable)					
252 HIALE HIALEAH F		Apply 14										
IIIALLAITI	L 00010	* .*			City				FL	Zip Code	·	
	tions of regist							State of Floric		miliar with, a	and accept	
-1	Signature, typed	or printed name of registered agen	t and title if applicable.	(NOTE: A	egistered Agent signatu	re required when	reinstating)		DATE		ļ	
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of		·	س ہے ۔ یہ ۔ مد	a swelle par talograps.	9. Election Car Trust Fund C	mpaign Finar Contribution.	ncing		May Be to Fees	
10.		OFFICERS AND	DIBECTORS		11.	Δ	L DDITIONS/CHANGE	S TO OFFICE	FRS AND I	IRECTORS	IN 11	
TITLE : NAME STREET ADDRESS	P MARTOREI 252 HIALE HIALEAH F	L, MARCIA E AH DRIVE		Deletë -	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change		
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TITLE NAME] Delete	TITLE NAME				[Change	☐ Addition	

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90198 020 ***150.00



12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP