

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 14, 2004 8:00 am
Secretary of State
09-14-2004 90001 039 ***150.00

DOCUMENT # *P97000022661*

1. Entity Name

The Advance Learning Center Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9400 N.W. 17th Ave

3. Mailing Address

9400 N.W. 17th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami Fla.

4. FEI Number

Applied For

☒ Not Applicable

Zip

33147

Country

USA

Zip

33147

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SHARON D. TROY

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

2335 N.W. 107th

City

Miami

FL

Zip Code

33147

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sharon D. Troy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/8/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *SHARON D. TROY*
STREET ADDRESS *2335 N.W. 107th*
CITY-ST-ZIP *Mia. Fla. 33167*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon D. Troy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon D. Troy

Date

9/8/04

Daytime Phone #

(305) 835-7356

CR2E034B (12/02)

Attachment

540728162
#P97000022661

Mr. Sharon R. Troy
401 N.W. 17th St
Miami Fla. 33147
(305) 835-7356

9/8/04

To Whom It May Concern:

I'm writing because I didn't
receive an application. Therefore,
I called and requested one.

Upon doing so, I found the
Amount Due is \$150⁰⁰. There
is a check of that amount
inside. Sorry, Charlie &
Frances caused late payment.

Sincerely
Sharon R. Troy Pres