

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90086 041 ***150.00

DOCUMENT # P97000022661

1. Entity Name

THE ADVANCE LEARNING CENTER, INC.



Principal Place of Business

9400 NW 17 AVE
MIAMI FL 33147
US

Mailing Address

2335 N.W. 107TH STREET
MIAMI FL 33167
US

2. Principal Place of Business

9400 N.W. 17 AVE
Suite, Apt. #, etc.

3. Mailing Address

2335 N.W. 107TH STREET
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami Fla
Zip 33147 Country *Blade*

City & State

Miami Fla
Zip 33167 Country *Blade*

4. FEI Number

65-0776584

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROY, SHARON
2335 N.W. 107TH STREET
MIAMI FL 33167

7. Name and Address of New Registered Agent

Name *Troy Sharon*
Street Address (P.O. Box Number is Not Acceptable)
2335 N.W. 107TH
City *Miami* FL Zip Code *33147*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PVPS ☐ Delete
NAME TROY, SHARON D
STREET ADDRESS 2335 NW 107 ST
CITY-ST-ZIP MIAMI FL 33167

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 empowered.

SIGNATURE:

Sharon D Troy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03
Date

(305) 835-7352
Daytime Phone #

CR2E034 (10/02)