

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90134 029 \*\*\*550.00

0155567 FP

**DOCUMENT # P97000046090**

1. Entity Name

**LITTLE RASCALS ACADEMY, INC.**



Principal Place of Business  
**4800 232RD STREET NORTH  
WEST PALM BEACH FL 33417**

Mailing Address  
**4800 232RD STREET NORTH  
WEST PALM BEACH FL 33417**

2. Principal Place of Business

*Same as above.*

3. Mailing Address

*Same as above.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0760127**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MAKHOUL, ATIE  
4800 23RD STREET NORTH  
WEST PALM BEACH FL 33417**

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. 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

*7/14/03*

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
MAKHOUL, ROSANA  
2041 RESTON CIRCLE  
ROYAL PALM BEACH FL 33411**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
MAKHOUL, ATIE  
2041 RESTON CIRCLE  
ROYAL PALM BEACH FL 33411**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/14/03*

Date

*(561) 684-1123*

Daytime Phone #

CR2E034 (4/03)