

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90189 019 ***150.00

DOCUMENT # P97000052556

1. Entity Name

KOALA LEARNING CENTERS, INC.

Principal Place of Business

17741 SW 2ND ST
 PEMBROKE PINES FL 33029-3924
 US

Mailing Address

17741 SW 2ND STREET
 PEMBROKE PINES FL 33029-3924
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0761249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUSTIG, DAVID A
10903 BOSTON DR.
COOPER CITY FL 33026-4938

Name

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

17741 SW 2ND Street

City

Pembroke Pines

FL

Zip Code

33029-3924

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

David A. Lustig **David A. Lustig, President**

4/16/01

Signature, typed or printed name of registered agent and title 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LUSTIG, DAVID A.	
STREET ADDRESS	17741 SW 2ND ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SILVERMAN, MARVIN	
STREET ADDRESS	17741 SW 2ND ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KONDELL, JANIE T	
STREET ADDRESS	17741 SW 2ND ST	
CITY-ST-ZIP	PEMBROKE PINES FL 38029	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KONDELL, MICHAEL	
STREET ADDRESS	17741 SW 2ND STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

David A. Lustig **David A. Lustig**

Date

4/16/01

Daytime Phone #

954-437-6278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)