

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000056516**1. Entity Name
ENGLISH PROGRAMS ALCALA CORPORATIONPrincipal Place of Business
701 BRICKELL KEY DR 1008
MIAMI FL 33131 US
Mailing Address
2 S. BISCAYNE BOULEVARD
SUITE 3400
MIAMI FL 331312. Principal Place of Business
520 BRICKELL KEY DR3. Mailing Address
520 BRICKELL KEY DRSuite, Apt. #, etc.
#917Suite, Apt. #, etc.
#917City & State
MIAMI FLCity & State
MIAMI FLZip
33131 Country
USZip
33131 Country4. FEI Number
65-0765167Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POU CHRISTINA
520 BRICKELL KEY DR., #917

MIAMI FL 33133 US

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.

SIGNATURE _____ DATE **04/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VPAS ☐ Delete
NAME POU CHRISTINA
STREET ADDRESS 520 BRICKELL KEY DRIVE #917
CITY-ST-ZIP MIAMI FL 33133TITLE D ☐ Delete
NAME ORDOVAS ALFONSO
STREET ADDRESS 701 BRICKELL KEY DRIVE #1809
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME ORDOVAS ALFONSO
STREET ADDRESS 520 BRICKELL KEY DR #917
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: christina pou

vpas

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)