

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066277

1. Entity Name

BETTY'S LEARNING CENTER, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90080 048 \*\*\*158.75

Principal Place of Business

Mailing Address

3610 N.W. 214TH STREET  
CAROL CITY FL 33056

3610 N.W. 214TH STREET  
CAROL CITY FL 33024-0101

2. Principal Place of Business

Mailing Address

3610 N.W. 214 ST.

P.O. Box 245102

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State  
Miami, Fla

City & State  
Pembroke Pines, Fla.

Zip  
33056

Country  
U.S.A.

Zip  
33024-0101

Country  
U.S.A.

4. FEI Number

65-0772867

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

TEART, BETTY  
3610 N.W. 214TH STREET  
CAROL CITY FL 33056

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

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TEART, BETTY  
2981 N.W. 192ND STREET  
MIAMI FL 33056 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
TEART, RONALD  
2981 N.W. 192ND STREET  
MIAMI FL 33056 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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

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:

*Betty Teart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Teart

3/6/00 (305) 474-8444

Date

Daytime Phone #

CR2E034 (9/99)