

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90009 008 ***150.00

DOCUMENT # P97000073117

1. Entity Name
FTP LEARNING SERVICES, INC.

Principal Place of Business 3741 SCOTT LEJEUNE RD MIAMI FL 33146	Mailing Address 3741 SCOTT LEJEUNE RD MIAMI FL 33146
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3741 SOUTH LEJEUNE RD. Suite, Apt. #, etc.	3. Mailing Address 3741 SOUTH LEJEUNE RD. Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33146	Country
Zip 33146	Country

4. FEI Number 65-0776882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PAYAN, FRANCISCO A
 3741 SCOTT LEJEUNE RD
 MIAMI FL 33146**

7. Name and Address of New Registered Agent
 Name **FRANCISCO A. PAYAN**
 Street Address (P.O. Box Number is Not Acceptable)
3741 SOUTH LEJEUNE RD.
 City **MIAMI** FL **33146**

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 **4/15/2000**
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, 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

TITLE D	<input type="checkbox"/> Delete
NAME PAYAN, FATIMA	
STREET ADDRESS 3741 SCOTT LEJEUNE RD	
CITY-ST-ZIP MIAMI FL 33146	
TITLE D	<input type="checkbox"/> Delete
NAME PAYAN, FRANCISCO A	
STREET ADDRESS 3741 SCOTT LEJEUNE RD	
CITY-ST-ZIP MIAMI FL 33146	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAYAN, FATIMA	
STREET ADDRESS 3741 SOUTH LEJEUNE RD.	
CITY-ST-ZIP MIAMI, FL 33146	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAYAN, FRANCISCO A.	
STREET ADDRESS 3741 SOUTH LEJEUNE RD.	
CITY-ST-ZIP MIAMI, FL 33146	
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: **FRANCISCO A. PAYAN** DATE **4/15/2000** DAYTIME PHONE # **(305) 358-6162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)