

5/1/2001 3:14 PM

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May 23, 2001 8:00 am
Secretary of State

05-23-2001 90222 001 ***317.50

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103584
1. Entity Name

VIRTUAL LANGUAGES INC

Principal Place of Business **Mailing Address**
 1700 N DIXIE HIGHWAY 1700 N DIXIE HIGHWAY
 SUITE 114 SUITE 114
 BOCA RATON FL 33432 BOCA RATON FL 33432

4949

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0810733 **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**

ORDONEZ, JEAN GILES
 1700 N DIXIE HIGHWAY SUITE 114
 BOCA RATON FL 33432

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 WITH FEES \$3,100.00
AFTER MAY 11, 2001 FEES WILL BE \$3,000.00
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 PDS ☐ Delete
NAME ORDONEZ, JEAN GILES
STREET ADDRESS 1700 N DIXIE HWY SUITE 114
CITY - ST - ZIP BOCA RATON FL 33432

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

TITLE V ☐ Delete
NAME STROTHER, JUDITH B
STREET ADDRESS 505 WEST PINE ROAD
CITY - ST - ZIP MELBOURNE VILLAGE FL 32904

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

TITLE D ☐ Delete
NAME ANDERSON, THOMAS
STREET ADDRESS 6952 WENTWORTH AVE S W
CITY - ST - ZIP PORT ORCHARD WA 98367

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannette Ordenez* **Jeannette Ordenez** 5/1/01 561-395-3686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #