

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036913

1. Entity Name

FLORIDA INSTITUTE OF LANGUAGES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90029 020 \*\*\*150.00

Principal Place of Business

6191 ORANGE DRIVE  
DAVIE FL 33314

Mailing Address

6191 ORANGE DRIVE  
DAVIE FL 33314-3449

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

6177

City & State

Zip

Country

Suite/Apt. #, etc.

6177

City & State

Zip

Country

4. FEI Number

65-0832293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PTC WORLD WIDE, INC.  
4611 S. UNIVERSITY DRIVE  
SUITE 225  
FT. LAUDERDALE FL 33328

7. Name and Address of New Registered Agent

Name PTC WORLD WIDE, INC.  
Street Address (P.O. Box Number is Not Acceptable) 4801 S. UNIVERSITY DR  
SUITE 119-B  
City DAVIE FL Zip 33328

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

*Mard Luciani, PR.*

4/07/00

\*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

TITLE D  
NAME DONOVAN, LORRAINE C  
STREET ADDRESS 2011 NW 114TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE D  
NAME SHIRI, MIRIAM S  
STREET ADDRESS 10527 ZURICH STREET  
CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete

TITLE D  
NAME LOPEZ-DIAZ, LIGIA  
STREET ADDRESS 854 SAN REMO DRIVE  
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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)(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:

*Lorraine C. Donovan*  
Lorraine C. Donovan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 (954) 797-7822

Date

Daytime Phone #

CR2E034 (9/99)