

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91102 047 \*\*\*150.00

**DOCUMENT # P98000047560**

1. Entity Name

**READ RIGHT! LEARNING CENTERS, INC.**

Principal Place of Business

Mailing Address

~~1999 UNIVERSITY DR. SUITE 202  
CORAL SPRINGS FL 33071~~

~~1999 UNIVERSITY DR. SUITE 202  
CORAL SPRINGS FL 33071~~

2. Principal Place of Business

*1600 W. Comm. Blvd*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Ft. Lauderdale FL*

City & State

4. FEI Number

**65-0842211**

Applied For

Not Applicable

Zip

*33309*

Country

*USA*

Zip

Country

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

~~MCINTYRE, ANTHONY  
1999 UNIVERSITY DR. #202  
CORAL SPRINGS FL 33071~~

*Sillano, Dottie  
1600 W. Comm Blvd  
Ft Lauderdale, FL 33309*

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

*D. Sillano*  
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, 2001 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	COO	<input checked="" type="checkbox"/> Delete
NAME	MCINTYRE, ANTHONY	
STREET ADDRESS	6801 SW 22ND CT	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	GORDON, LES	
STREET ADDRESS	8720 NW 40TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GIAM, GARY	
STREET ADDRESS	2890 SW 13TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

*D. Sillano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/9/01 (954) 493-6565*

01: 33

CR2E034 (10/00)