

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056322

1. Entity Name

DAYTRADE LEARNING CENTER, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90004 019 ***550.00

01-13-2000 90012 046 ****50.00

Principal Place of Business

515 E LAS OLAS BLVD SUITE 1160
FORT LAUDERDALE FL 33301

Mailing Address

515 E LAS OLAS BLVD SUITE 1160
FORT LAUDERDALE FL 33301

2. Principal Place of Business

515 EAST LAS OLAS BLVD

Suite, Apt. #, etc.

Suite 850

City & State

FORT LAUDERDALE FL

Zip
33301

Country

USA.

3. Mailing Address

515 EAST LAS OLAS BLVD

Suite, Apt. #, etc.

Suite 850

City & State

FORT LAUDERDALE FL

Zip
33301

Country

USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0850014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHON, JAMES

515 E LAS OLAS BLVD SUITE 1160
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Mahon, James.

Street Address (P.O. Box Number is Not Acceptable)

515 EAST LAS OLAS BLVD SUITE 850

City

FORT LAUDERDALE FL

State

FL

Zip Code

33301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEVIN, ALAN B
515 E. LAS OLAS BLVD., STE. 1160
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
515 E. LAS OLAS BLVD SUITE 850

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

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

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

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

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:

Alan B. Levin, President

7/10/2000

954-761-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #