FILED

2001 UNIFORM BUSINESS REPORT (UBR)

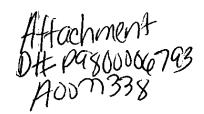
Ų.

Jul 13, 2001 8:00 am Secretary of State DOCUMENT # P98000067930 1. Entity Name REGENT LANGUAGE TRAINING U.S.A. INC. 07-13-2001 90005 013 ***150.00 Mailing Address Principal Place of Business 3400 COLLINS AVENUE 3400 COŁLINS AYENUE ~~,,,,,,,0,0 MIAMI BEACH-FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address 1137 - 71st stre DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0854586 Not Applicable Miami Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1137 - 71 st street SEVENTI, JUDY Street Address (P.O. Box Number is Not Acceptable) 3400 COLLINS AVENUE -MIAMI-BEACH FL 33140 Miami FL Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change [Addition ☐ Delete TITLE NAME SERVENTI, BRUNO NAME STREET ADDRESS 3400 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33140 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PD NAME NAME SERVENTI, JUDY STREET ADDRESS STREET ADDRESS 3400 COLLINS AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Addition ☐ Change Delete TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

7, 2001 305- 8B6-9290



Regent Language Training
1137-71st Street
Miami Beach, FL 33141
(T) 305-886-9290 / (F) 305-866-9296
regentusa@worldnet.att.net / regentusa.com



July 9, 2001

To whom it may concern:

Please find payment for our Business report I am sorry that this payment was not made earlier, However we never received the form until last week, please except or payment and also note that we have change our address.

Sincerely,

Judith Serventi President