

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**  
 07-13-2001 90005 013 \*\*\*150.00

**DOCUMENT # P98000067930**

**1. Entity Name**  
**REGENT LANGUAGE TRAINING U.S.A. INC.**

**Principal Place of Business**  
**3400 COLLINS AVENUE**  
**MIAMI BEACH FL 33140** *Change*

**Mailing Address**  
**3400 COLLINS AVENUE**  
**MIAMI BEACH FL 33140**

**2. Principal Place of Business**  
**1137-71st street**

**3. Mailing Address**  
 Suite, Apt. #, etc. *same*

**City & State**  
**Miami Beach Florida**

**City & State**  
*same*

**Zip**  
**33141**

**Country**  
**USA**

**4. FEI Number**  
**65-0854586**

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SEVENTI, JUDY**  
**3400 COLLINS AVENUE**  
**MIAMI BEACH FL 33140** *1137-71st street Miami FL 33181*

**7. Name and Address of New Registered Agent**

**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!!! FEE IS \$550.00**  
**After September 12, 2001 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>SERVENTI, BRUNO</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>3400 COLLINS AVENUE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33140</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>SERVENTI, JUDY</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>3400 COLLINS AVENUE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33140</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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:** *SIGNATURE REQUIRED* **July 7, 2001 305- 886-9290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



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

Attachment  
DH P9800006793  
A007338

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