

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90257 016 \*\*\*150.00

0041783 AV

**DOCUMENT # P98000080178**

1. Entity Name  
**LINGUA SCHOOL, INC.**

Principal Place of Business <b>4291 FOXTAIL LANE          WESTON FL 33331          US</b>	Mailing Address <b>4291 FOXTAIL LANE          WESTON FL 33331          US</b>
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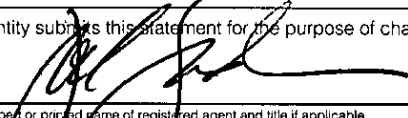
2. Principal Place of Business <b>1730 Main Street</b> Suite, Apt. #, etc. <b>Suite 226</b> City & State <b>Weston, FL</b> Zip <b>33326</b> Country <b>USA</b>	3. Mailing Address <b>1730 Main Street</b> Suite, Apt. #, etc. <b>Suite 226</b> City & State <b>Weston, FL</b> Zip <b>33326</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SANDERS, JOEL D CPA**  
**1625 NO. COMMERCE PARKWAY**  
**#225**  
**WESTON FL 33331**

7. Name and Address of New Registered Agent  
 Name **Joel Sanders, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1535 N. PARK DR.**  
**Suite 103**  
 City **Weston** FL Zip Code **33326**

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  DATE **2/8/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OJEDA, ANDREINA</b> <b>4291 FOXTAIL LANE</b> <b>WESTON FL 33331</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **04/10/02** **(954) 349-8088**

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

CR2E034 (9/01)