

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001291

1. Entity Name

LANGUAGES INSTITUTE, INC.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90014 013 ***150.00

Principal Place of Business

48 NE 2 AVE.
DEERFIELD BEACH FL 33441

Mailing Address

48 NE 2 AVE.
DEERFIELD BEACH FL 33441

2. Principal Place of Business

1761 W. Hillsboro Blvd

Suite, Apt. #, etc.
202

City & State
Deerfield Beach, Fl

Zip
33442

Country

3. Mailing Address

1761 W. Hillsboro Blvd

Suite, Apt. #, etc.
202

City & State
Deerfield Beach, Fl

Zip
33442

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0891475

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREIRA, SYLVIA
48 NE 2 AVE.
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1761 W. Hillsboro Blvd Suite 202
City Deerfield Beach, FL Zip Code 33442

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, SYLVIA 48 NE 2ND AVE DEERFIELD BEACH FL 33441	<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 1761 W. Hillsboro Blvd Suite 202 Deerfield Beach, Fl 33442
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)