2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007843

Entity Name

NGUAGES EXPERIENCE, INC.

FILED 03 MAY 19 AM 10: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAX YEAR 2003

0327034 AV

Principal Place of Business	Mailing Address
NW 76TH AVENUE PLANTATION FL 33324	P O BOX 17403 PLANTATION FL 33318

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0887342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVAIN, ROGER E 100 NW 76TH AVENUE PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVAIN, ROGER E 100 NW 76TH AVENUE PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700020053807 05/29/03--01001--015 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: ______ 2/16/03

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

Attachment

Attention: division of corporation

P99000007843

Reference : DOCUMENT#: **P99000007843**
LANGUAGES EXPERIENCE, INC.

TO WHOM IT MAY CONCERN:

PLEASE NOTE THAT I DID NOT RECEIVE AN ORIGINAL COPY OF MY ANNUAL REPORT FOR THIS YEAR.

PARDON ME , IF I DID NOT WRITE TO YOUR OFFICE AT AN EARLIER TIME.

I AM AN 80 YEARS MEN TRYING TO KEEP UP WITH MY CORPORATION PAPER WORKS. IT IS EASIER FOR ME TO FORGET, IF I DO NOT RECEIVE YOUR REPORT.

PLEASE ACCEPT MY PAYMENT OF $150.00 TO KEEP MY CORPORATION ACTIVE

RESPECTFULLY YOURS,

ROGER E SAVAIN, PRESIDENT