

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90029 047 ***150.00

0186431 AV

DOCUMENT # P99000018419

1. Entity Name
LEARNING ANGELS, INC.

Principal Place of Business
295 N.W. 92ND TERRACE
CORAL SPRINGS FL 33071

Mailing Address
295 N.W. 92ND TERRACE
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800 CATHEDRAL DRIVE

Suite, Apt. #, etc.

City & State
MARGATE, FL

Zip
33063

Country
BROWARD

6. Name and Address of Current Registered Agent

GARCIA, ISRAEL
295 N.W. 92ND TERRACE
CORAL SPRINGS FL 33071

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 _____ (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, 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
D ☐ Delete
NAME
GARCIA, ISRAEL
STREET ADDRESS
295 N.W. 92ND TERRACE
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE
D ☐ Delete
NAME
GARCIA, IVONNE
STREET ADDRESS
295 N.W. 92ND TERRACE
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02
Date

(84) 972 0437
Daytime Phone #

CR2E034 (9/01)