

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039592

1. Entity Name  
OVIEDO LEARNING CENTER, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**  
03-23-2000 90007 010 \*\*\*158.75

Principal Place of Business  
1939 SUMMER CLUB DR.  
#109  
OVIEDO FL 32765

Mailing Address  
1939 SUMMER CLUB DR.  
#109  
OVIEDO FL 32765-8388

628841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
387 WEST BROADWAY  
Suite, Apt. #, etc.

3. Mailing Address  
387 WEST BROADWAY  
Suite, Apt. #, etc.

City & State  
Oviedo Florida  
Zip  
32765  
Country  
U.S.A.

City & State  
Oviedo Florida  
Zip  
32765  
Country  
U.S.A.

4. FEI Number  
59-3573800  
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

~~FORTES, MERCEDES~~  
1939 SUMMER CLUB DR.  
#109  
OVIEDO FL 32765

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2000 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	<input type="checkbox"/> Delete
President	Wilson Fortes	3026 Moore Drive	Oviedo, FL 32765	<input type="checkbox"/>
Vice-President	Mercedes Fortes	3026 Moore Drive	Oviedo, FL 32765	<input type="checkbox"/>
Treasurer	Wilson Fortes	3026 Moore Drive	Oviedo, FL 32765	<input type="checkbox"/>
Secretary	Mercedes Fortes	3026 Moore Drive	Oviedo, FL 32765	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Mercedes Fortes V-Pres. 3-16-00 (407)365-5621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #