

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039592

1. Entity Name

OVIEDO LEARNING CENTER, INC.

Principal Place of Business

387 WEST BROADWAY
OVIEDO FL 32765

Mailing Address

387 WEST BROADWAY
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Mercedes Fortes
Street Address (P.O. Box Number is Not Acceptable)
3026 MOORE DRIVE
City Oviedo FL Zip Code 32765

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

Mercedes Fortes Vice-President

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	P	<input type="checkbox"/> Delete
NAME	FORTES, WILSON	
STREET ADDRESS	3026 MOORE DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FORTES, MERCEDES	
STREET ADDRESS	3026 MOORE DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORTES, WILSON	
STREET ADDRESS	3026 MOORE DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	S	<input type="checkbox"/> Delete
NAME	FORTES, MERCEDES	
STREET ADDRESS	3026 MOORE DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Wilson Fortes - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/23/01 (407) 365-5621

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90376 005 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3573800**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (10/00)

0062552