

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000063123**

1. Entity Name

MLA & ASSOCIATES, INC.

N/C 3/15/2000

(NAME CHANGE) MIND EXPANSION LEARNING CENTER, INC.

Principal Place of Business

Mailing Address (SAME)

**1750 EAGLE TRACE BLVD EAST
CORAL SPRINGS, FLORIDA 33071**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1750 EAGLE TRACE BLVD EAST

Suite, Apt. #, etc.

CORAL SPRINGS

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0933775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARY LOU ACKER, REGISTERED AGENT

**1750 EAGLE TRACE BLVD EAST
CORAL SPRINGS, FLORIDA 33071**

7. Name and Address of New Registered Agent

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

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, 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PRESIDENT
STREET ADDRESS	MARY L. ACKER
CITY-ST-ZIP	1750 EAGLE TRACE BLVD EAST CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFFANY D. ADAMS
STREET ADDRESS	1750 EAGLE TRACE BLVD EAST
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/T
STREET ADDRESS	TRAVIS J. ADAMS
CITY-ST-ZIP	1750 EAGLE TRACE BLVD EAST CORAL SPRINGS, FL. 33071
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:

Mary Lou Ackers, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000

Date

(954) 752-4178

Daytime Phone #

CR2E034 (9/99)