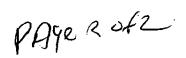
## pagelor 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000102200 00 OCT 13 PM 5: 39 AMERICAN ENGLISH CENTER INC. SHOUSTARY OF STATE IMPLATIONES: FRORIDA Mailing Address Principal Place of Business 1155 SANDPIPER STREET #D7 1155 SANDPIPER STREET #D7 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address 4947 TamiamiTr.N. DO NOT WRITE IN THIS SPACE 4. FEI Number 361 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VELASCO, HELENA W Street Address (P.O. Box Number is Not Acceptable) 1155 SANDPIPER STREET #D7 NAPLES FL 34102 Zip Code City 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. NOTE Registered Agent orgnature required when reinstating) CATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 îi. OFFICERS AND DIRECTORS 12. Change Addition $HL\tilde{\Sigma}$ Delete TITLE 000003441470· NAME VELASCO, HELENA W -10/27/00--01007--004 TALE: ADDRESS STREET ADDRESS 1155 SANDPIPER STREET #D7 \*\*\*\*550.00 \*\*\*\*550.00 DIM-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Change Addition ••• ☐ Delete TITLE - ----THE ADDRESS STREET ADDRESS CITY-ST-ZIP ···-ST-ZIP Change Addition ☐ Detete TITLE NAME STREET ADDRESS ···\_: ADDRESS CITY-ST-ZIP ST-212 Delete TITLE ☐ Change Addition NAME STREET ADDRESS "LLI ADDRESS CITY - ST - ZIP - ST- ZIP Delete TITI F ☐ Change Addition | NAME - -= STREET ADDRESS ADDOESS · · · ST ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ---- ADDRESS ST-7IP CITY-ST-ZIP . 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.

HGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 /94/262-646





October 10, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: UNIFORM BUSINESS REPORT P99000102200 – American English Center, Inc.

## Dear Sirs:

On July 17, 2000, I completed the Uniform Business Report and mailed it to your offices along with a check for \$550.00. (Please see attached photocopy of form and check.)

The check had not cleared by my September bank statement, so I checked the Internet site and saw to my surprise that my business is considered "INACTIVE."

I am enclosing another completed form and a new check for \$550.00 (check #1193). As I filed in a timely manner, I would like to request that the reinstatement fee be waived.

Please inform me as soon as possible that my business has been duly reinstated, as it was never my intention that it should become inactive.

Sincerely yours,

Helena W. Velasco

President,