2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000103440** May 05, 2000 8:00 am Secretary of State LANGUAGE JOURNEY, INC. 05-05-2000 90075 040 ***150.00 Principal Place of Business Mailing Address 920 CORAL RIDGE DRIVE 920 CORAL RIDGE DRIVE #302 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 A0055161 3. Mailing Address 2. Principal Place of Business 1955rooms School DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSTD** Change TITLE ☐ Delete FERRARIS, MARIA V NAME NAME STREET ADDRESS 920 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☐ Addition TITLE ☐ Delete NAME FERRARIS, ANDREA NAME STREET ADDRESS 920 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

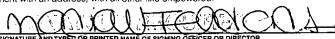
SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP



Delete