

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110016

1. Entity Name  
**LEARNING DELIGHTS, INC.**

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90157 011 \*\*\*150.00

Principal Place of Business  
**3331 N. 37TH ST.  
HOLLYWOOD FL 33021**

Mailing Address  
**3331 N. 37TH ST.  
HOLLYWOOD FL 33021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Same**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0977332**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BETANCOURT, ISABEL M  
3331 N. 37TH ST.  
HOLLYWOOD FL 33021**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
**President/Director  
Isabel M. Betancourt  
3331 N. 37 St.  
Hollywood, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-20-00**

Date

**954.962.8560**

Daytime Phone #

CR2E034 (3/00)

**Learning Delights**™

**casual learning that's a step ahead**™

Broward: 954.962.8560 Dade: 305.673.9918 Fax: 954.963.2674

P.O. Box 81,4554 Hollywood, FL 33081.4554

July 20, 2000

Secretary of State  
Department Of State  
P.O. Box 6327  
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

Pursuant to your request on the phone today, I am sending this letter with my \$150.00 check to cover the cost of the corporate annual fees to the address you indicated.

Please be advised that my corporation, Learning Delights, did not receive the 1<sup>st</sup> Notice issued earlier this year, which may have been due to our corporate name change which occurred earlier this year as well.

Thank you.

Sincerely,

  
Isabel M. Betancourt

/IMB

enclosures