

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90031 025 ***150.00

00001360



DO NOT WRITE IN THIS SPACE

DOCUMENT # S86794
 1. Entity Name
FLORIDA LANGUAGE CENTER, INC.

| | |
|--|--|
| Principal Place of Business 5975 N. FEDERAL HIGHWAY SUITE 243 FT. LAUDERDALE FL 33308 | Mailing Address 5975 N. FEDERAL HIGHWAY SUITE 243 FT. LAUDERDALE FL 33308 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business <i>Same as Above</i> | 3. Mailing Address <i>Same as Above</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0289242 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, CHRISTOPHER G
2349 NW 34TH WAY
COCONUT CREEK FL 33066

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, 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | GUNZ, DIETMAR | |
| STREET ADDRESS | 5975 N. FEDERAL HIGHWAY | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SWIFT, JAMES | |
| STREET ADDRESS | 5975 N. FEDERAL HIGHWAY | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, CHRISTOPHER G | |
| STREET ADDRESS | 23490 N.W 34TH WAY | |
| CITY-ST-ZIP | COCONUT CREEK FL 33066 | |
| 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 | | |
| 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 empowerment.

SIGNATURE: *Christopher G. Smith* **CHRISTOPHER G. SMITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/4/01**
Date

Daytime Phone #: **954-771-0222**
Daytime Phone #

CR2E034 (10/00)