

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **586794**

1. Entity Name  
**FLORIDA LANGUAGE CENTER INC.**

FILED

00 DEC 18 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**5975 N. FEDERAL Hwy. #243  
FT. LAUDERDALE, FL 33308**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0289242**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTOPHER G. SMITH  
2349 NW 34th Way  
COCONUT CREEK, FL 33062**

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

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **PRESIDENT**  
STREET ADDRESS **DIETMAR GUNZ**  
CITY-ST-ZIP **5975 N. FEDERAL Hwy 243  
FT. LAUDERDALE, FL 33308**

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

TITLE ☐ Delete  
NAME **PRESIDENT**  
STREET ADDRESS **DIETMAR GUNZ**  
CITY-ST-ZIP **5975 N. FEDERAL Hwy 243  
FT. LAUDERDALE, FL 33308**

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

TITLE ☐ Delete  
NAME **TREASURER**  
STREET ADDRESS **DR. JAMES SWIFT**  
CITY-ST-ZIP **5975 N. FEDERAL Hwy 243  
FT. LAUDERDALE, FL 33308**

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

TITLE ☐ Delete  
NAME **SECRETARY**  
STREET ADDRESS **CHRISTOPHER SMITH**  
CITY-ST-ZIP **2349 NW 34th Way  
COCONUT CREEK, FL 33062**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christopher G. Smith*

11/15/00 954-771-0222

CR2E037 (5/00)