

KLUGER, PERETZ, KAPLAN & BERLIN P.A.



T02000000780

July 2, 2002

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

VIA FEDERAL EXPRESS

Re: State of Florida Application for Registration
Mark: **FLORIDA MEMORIAL COLLEGE**
Our File No. 4177.0001

500006200835--9
-07/03/02--01049--008
*****87.50 *****87.50

Dear Sir/Madam:

In connection with the proposed registration of the above referenced mark, enclosed please find the following items:

1. Fully executed Application for the Registration of a Trademark or Service Mark;
2. One original and two photocopies of a specimen showing the mark as used; and
3. A check in the amount of \$87.50 made payable to the Florida Department of State to cover the filing fee for this application.

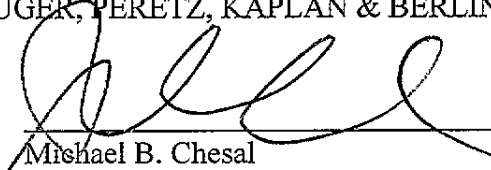
With regard to the dates of first use, Applicant has indicated in PART II of the application that it began use of the subject mark at least as early as December 31, 1917. Applicant notes for the record that use of the mark was temporarily suspended between 1942 and 1963, but the mark has been in continuous use since 1963.

Finally, because of impending litigation, Applicant requests that this Application be given expedited treatment to the extent possible. We appreciate your cooperation in that regard.

We trust you will find everything to be in order. However, if you have any questions or require any additional information, please do not hesitate to contact us.

Very truly yours,

KLUGER, PERETZ, KAPLAN & BERLIN, P.A.

By: 
Michael B. Chesal

789/1057

Enclosures

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03 JUL 13 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15-02

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Michael B. Chesal, Esq.
Kluger, Peretz, Kaplan & Berlin, P.A.

201 S. Biscayne Blvd., #1700
Miami, Florida 33131

(305) 379-9000
Daytime Telephone number

PART I

1. (a) Applicant's name: Florida Memorial College, Inc.

(b) Applicant's business address: 15800 NW 42nd Avenue

Miami, Florida 33054

City/State/Zip

(c) Applicant's telephone number: (305) 626-3612

Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 704467 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 590668483

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Educational services, namely, providing courses of instruction at the undergraduate
post-secondary and professional levels, and distributing course materials in connection
therewith, and entertainment services, namely, conducting athletic and cultural events

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

brochures and advertisements (among other usages)

(Continued)

(*) The class(es) in which goods or services fall:

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PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):
(a) Date first used anywhere: at least as early as _____ (b) Date first used in Florida: at least as early as _____
December 31, 1917 December 31, 1917

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

FLORIDA MEMORIAL COLLEGE

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Florida or College " APART FROM THE MARK AS SHOWN.

I, Albert E. Smith, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Dr. Albert E. Smith, President

Typed or printed name of applicant

Albert E. Smith

Applicant's signature or authorized person's signature (List name and title)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 25th day of June, 2002, Albert E. Smith personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____

SONIANNA BARRETT-ANDERSON
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # CC891917
EXPIRES 2/19/2004
BONDED THRU ASA 1-888-NOTARY1

(Seal)

S. Anderson
Notary Public Signature

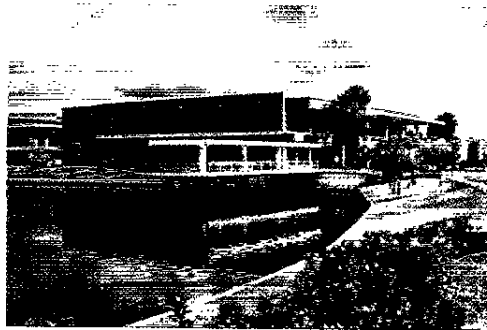
SONIANNA BARRETT-ANDERSON
Notary's Printed Name

My Commission Expires: 02/19/04

FEE: \$87.50 per class



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