2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # V03800 May 08, 2000 8:00 am **Secretary of State** THE LANGUAGE SOLUTION, INC. 05-08-2000 90058 039 ***150.00 Mailing Address Principal Place of Business 1700 N. DIXIE HWY.. #114 1700 N. DIXIE HWY.. #114 **BOCA RATON FL 33432** BOCA RATON FL 33432-1808 3. Mailing Address 2. Principal Place of Business nme Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0304433 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORDONEZ, JEAN G Street Address (P.O. Box Number is Not Acceptable) 816 NE 73RD ST **BOCA RATON FL 33487** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition **PTS** ☐ Delete TITLE TITLE ORDONEZ, JEAN G NAME NAME STREET ADDRESS STREET ADDRESS 816 NE 73RD ST. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE " ⁻[Change · Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of custee 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.