

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 739807

**Entity Name:** THE LEARNING EXPERIENCE SCHOOL, INC.

**Current Principal Place of Business:**

5651 SW 82ND AVENUE ROAD  
MIAMI, FL 33143

**Current Mailing Address:**

5651 SW 82ND AVENUE ROAD  
MIAMI, FL 33143

**FEI Number:** 59-1913861

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAUL, ARANGO  
5651 SW 82ND AVE ROAD  
MIAMI, FL 33143 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ARANGO, PAUL  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

Title VC  
Name BLUMER, TERRY  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

Title OFFICER  
Name LUKACS, ROBIN  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

Title VC  
Name RIVERO-PRIETO, ELA M.  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

Title TREASURER  
Name GONZALEZ, JUAN  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

Title SECRETARY  
Name SANCHEZ, PATRICIA  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

Title OFFICER  
Name AGUIAR, ANGEL  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

Title OFFICER  
Name COHEN, NINA  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL ARANGO**

**CHAIRMAN**

**08/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name SALTER, VANCE  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143

Title OFFICER  
Name THORSON, WILLA  
Address 5651 SW 82ND AVENUE ROAD  
City-State-Zip: MIAMI FL 33143