

2019 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

Continues on page 2

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

04/11/2019

_____ 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