

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90246 002 ***150.00

DOCUMENT # 437443

1. Entity Name
EDISON PRIVATE SCHOOL, INC.

Principal Place of Business

3720 E 4TH AVE.
 HIALEAH FL 33013

Mailing Address

3720 E 4TH AVE.
 HIALEAH FL 33013

00039899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4201 Collins Ave.

Suite, Apt. #, etc.
Apt. # 903

City & State
Miami Beach - Florida

Zip
33140

Country
USA

3. Mailing Address

4201 Collins Ave.

Suite, Apt. #, etc.
Apt. # 903

City & State
Miami Beach - Florida

Zip
33140

Country
USA

4. FEI Number **59-1486877**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, EROTIDA
4201 COLLINS AVE
APT-903
MIAMI BEACH FL 33140

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **ST PEREZ, JORGE L.**
 STREET ADDRESS **4201 COLLINS AVE APT 1203**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P PEREZ, EROTIDA**
 STREET ADDRESS **4201 COLLINS AVE APT 903**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 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.

SIGNATURE: *Erotida Perez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 (305) 538-8827
 Date Daytime Phone #

CR2E034 (10/00)