

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 714963**

1. Entity Name

THE FLORIDA CHRISTIAN SCHOOL OF DADE COUNTY, INC

Principal Place of Business

Mailing Address

**4200 S.W. 89TH AVE.
MIAMI FL 33165****4200 S.W. 89TH AVE.
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1221039

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**WALTERS, REGINALD
7300 SW 61ST STREET
MIAMI FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, REG	
STREET ADDRESS	7300 SW 61 STREET	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	15241 SW 55TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33185	

TITLE	VD	<input type="checkbox"/> Delete
NAME	VANN, FRANK B	
STREET ADDRESS	13380 D SW 89TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	SD	<input type="checkbox"/> Delete
NAME	DIEGUEZ, ED	
STREET ADDRESS	13921 SW 39TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Mattern, Alfred VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6464 SW 104 Street	
STREET ADDRESS	Miami, FL 33156	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

Date

205-226-8152

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-18-2002 90135 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

PAID FEB 1 2002