

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90267 008 ****61.25

DOCUMENT # 720773

1. Entity Name

ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

18001 NW 22 AVE
 MIAMI FL 33056
 US

18001 NW 22 AVE
 MIAMI FL 33056
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2393307

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LISS, IRVING
18001 NW 22 AVE
MIAMI FL 33056

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. 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 NAME	PD DIAZ, MARIBEL Z	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12975 SW 6TH ST MIAMI FL	
TITLE NAME	SD MCGHEE, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6050 SW 57TH AVENUE MIAMI FL	
TITLE NAME	TD LISS, IRVING	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	18001 NW 22 AVENUE OPA LOCKE FL	
TITLE NAME	VP FREEDMAN, LAWRENCE G	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6511 W SUNRISE BLVD PLANTATION FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

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

Irving Liss 4/27/02 305-624-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E037 (9/01)