


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90437 033 ****61.25

DOCUMENT # 720773

1. Entity Name
ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, INC.



Principal Place of Business
**18001 NW 22 AVE
MIAMI FL 33056
US**

Mailing Address
**18001 NW 22 AVE
MIAMI FL 33056
US**

2. Principal Place of Business
SAME AS ABOVE


3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2393307** Applied For .
Not Applicable

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

6. Name and Address of Current Registered Agent

**LISS, IRVING
18001 NW 22 AVE
MIAMI FL 33056**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD DR. SARAH ALLISON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1881 N.E. 164 STREET	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP DR. CHARALINE LUNA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	650 EAST AIRPORT BLVD.	
CITY-ST-ZIP	SANFORD, FL 32773	
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 **1/13/03 305-624-1600**

CR2E037 (10/02)