

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90901 029 ****61.25

A0060549



DO NOT WRITE IN THIS SPACE

DOCUMENT # 745460
 1. Entity Name
MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL

Principal Place of Business 12051 SW 113 AVE MIAMI FL 33176 US	Mailing Address 12051 SW 113 AVE MIAMI FL 33176-4401 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLTZMAN, SYLVAN
1500 SAN REMO AVENUE
SUITE 200
CORAL GABLES FL 33146

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.

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME P PEREZ, MIGUEL STREET ADDRESS 605 S.W. 64 AVE CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME PD BURIA, THERESA STREET ADDRESS 13432 S.W. 83 AVE. CITY-ST-ZIP MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME PD WILD, ESTELLE STREET ADDRESS 8600 S.W. 120 ST CITY-ST-ZIP MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME S BROWN, FLO T STREET ADDRESS 16520 NW 1ST ST. CITY-ST-ZIP PEMBROKE PINES FL 33006	<input type="checkbox"/> Delete
TITLE NAME TT WARNER, WES STREET ADDRESS 12051 S.W. 113 AVE. CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME VPD FERNANDEZ, ALBERTO STREET ADDRESS 7901 SW 132 AVE CITY-ST-ZIP MIAMI FL 33183	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PPD ESTELLE WILD STREET ADDRESS 8600 SW 120 ST. CITY-ST-ZIP MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD ALBERTO FERNANDEZ STREET ADDRESS 7901 SW 132 AVE CITY-ST-ZIP MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PED WILL GORDILLO STREET ADDRESS 7775 SW 66 ST. CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VPD BARBARA CONCI STREET ADDRESS 5101 NW 183 ST. CITY-ST-ZIP OPA LOCKA, FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wesley E. Warner 4/28/00 (305)385-7144
 Signature and typed or printed name of signing officer or director

CR2E037 (9/99)