

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90474 013 ****61.25

DOCUMENT # N01000001812

1. Entity Name

INTERAMERICAN SCHOOL OF INTERNATIONAL RELATIONS AND DIPLOMACY, INC.

Principal Place of Business

Mailing Address

318 ALESIO AVE
 CORAL GABLES FL 33134

318 ALESIO AVE
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1087106** 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

CAMINO, JULIO
318 ALESIO AVE
CORAL GABLES FL 33134

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	P CAMINO, JULIO (D) <input type="checkbox"/> Delete
STREET ADDRESS	318 ALESIO AVE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE NAME	V CARRASCO, CARLOS (D) <input type="checkbox"/> Delete
STREET ADDRESS	318 ALESIO AVE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE NAME	S RUBINSTEIN, CHARLES <input checked="" type="checkbox"/> Delete
STREET ADDRESS	318 ALESIO AVE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE NAME	T ARNAUD, CHRISTINE F (D) <input type="checkbox"/> Delete
STREET ADDRESS	318 ALESIO AVE
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

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	
TITLE NAME	FRANK SOTO (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	318 ALESIO AVENUE
CITY-ST-ZIP	CORAL GABLES, FL. 33134
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	

CR2E037 (9/01)

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

March 11, 2002 (305) 446-0955
 Date Daytime Phone #