

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90155 032 ****70.00

DOCUMENT # N19843

1. Entity Name

ASSOCIATION DE L'ECOLE FRANCAISE DE MIAMI, INC.

Principal Place of Business

Mailing Address

**1200 ANASTASIA AVENUE., STE 300
 CORAL GABLES FL 33134**

**P.O. BOX 430845
 MIAMI FL 33243-0845**

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

59-2803334

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDELSTEIN, STEVEN A
 1200 ANASTASIA AVE., SUITE 300
 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	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD GUREVICH, JOSE DDS	6000 BIRD ROAD	MIAMI FL 33155	<input checked="" type="checkbox"/>
PD CAFFIN, JEAN-MICHEL	7955 N.W. 12TH ST., STE 100	MIAMI FL 33126	<input type="checkbox"/> <i>change</i>
DS EDELSTEIN, STEVEN A	1200 ANASTASIA AVENUE., STE 300	CORAL GABLES FL 33134	<input type="checkbox"/> <i>change</i>
DT			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD CAFFIN, JEAN-MICHEL	7955 NW 12TH ST. STE 100	MIAMI FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS EDELSTEIN, STEVEN A	1200 ANASTASIA AVENUE, STE 300	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT VIRGINIE ROBLIN	7955 N.W. 12 ST. - STE 100	MIAMI, FLORIDA 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Michel **02.07.02**

Date

Daytime Phone #

CR2E037 (9/01)