

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90085 049 \*\*\*\*61.25

**DOCUMENT # N37614**

1. Entity Name

**SPANISH INTERNATIONAL PARENTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MARIA C. ARRIOLA VELEZ  
 801 BRICKELL AVENUE, SUITE 1401  
 MIAMI FL 33131

PO BOX 431901  
 MIAMI FL 33243-1901  
 US

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

**65-0200917**

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

**VELEZ, MARIA C. ARRIOLA**  
**801 BRICKELL AVENUE**  
**SUITE 1401**  
**MIAMI FL 33131**

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: **VPD**  Delete  
 NAME: **ROHAIDY, LEONELA**  
 STREET ADDRESS: **1825 SOUTH MIAMI AVENUE**  
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: **VPD**  Change  Addition  
 NAME: **JOSH LERNER**  
 STREET ADDRESS: **440 DAROCO AVE.**  
 CITY-ST-ZIP: **CORAL GABLES, FL 33146**

TITLE: **SD**  Delete  
 NAME: **TOMPKINS, VALERIE**  
 STREET ADDRESS: **1407 LISBON ST.**  
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **TD**  Delete  
 NAME: **GOLDSTEIN, NATIVIDAD S**  
 STREET ADDRESS: **1555 ALCALA AVE**  
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **P**  Delete  
 NAME: **ARENSON-DEL MORAL, LESLIE**  
 STREET ADDRESS: **1555 ALCALA AVE**  
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: **VPD**  Change  Addition  
 NAME: **ELLEN BOWEN**  
 STREET ADDRESS: **1806 SW 2 CT.**  
 CITY-ST-ZIP: **MIAMI, FL 33129**

TITLE: **VPD**  Delete  
 NAME: **DURNBERG, CARL**  
 STREET ADDRESS: **18780 SW 294 TERR**  
 CITY-ST-ZIP: **HOMESTEAD FL 33030**

TITLE: **PRESIDENT-DIRECTOR**  Change  Addition  
 NAME: **DURNBERG, CARL**  
 STREET ADDRESS: **18780 SW 294 TERR.**  
 CITY-ST-ZIP: **HOMESTEAD, FL 33030**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 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: **NATIVIDAD GOLDSTEIN** 11/21/02 305 443 7758  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)