

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90012 007 ****61.25

DOCUMENT # N99000000174

1. Entity Name

360 INTERNATIONAL SCHOOL OF THOUGHT, INC.

R

Principal Place of Business

11267 SOUTHWEST 88TH STREET
 SUITE J-101
 MIAMI FL 33176

Mailing Address

11267 SOUTHWEST 88TH STREET
 SUITE J-101
 MIAMI FL 33176-1129

2. Principal Place of Business

2234 sw 132ct.

Suite, Apt. #, etc.

3. Mailing Address

PMB 379, 8306 Mills Drive

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0888198

Applied For
 Not Applicable

Zip
33175

Country
USA

Zip
33183

Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSORIO, CHRISTIAN 11267 SOUTHWEST 88TH STREET MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASQUIER, CONSTANTINO 11267 SOUTHWEST 88TH STREET MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASQUIER, ROBERTO J 11267 SOUTHWEST 88TH STREET MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIAS, MARTHA ASST. 11267 SOUTHWEST 88TH STREET MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORDERO, JOHN 11267 SOUTHWEST 88TH STREET MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRAD, CHRISTIAN 14321 SW 88th F409 Miami, FL 33186	<input checked="" type="checkbox"/> Change <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Monasterios, Ardisse 17611 SW 115 Ave Miami, FL 33157	<input checked="" 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:

Christian Farrad, President/Director 05/13/00

305-658-0757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)