

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90101 028 \*\*\*\*61.25

**DOCUMENT # N99000000174**

1. Entity Name

**360 INTERNATIONAL SCHOOL OF THOUGHT, INC.**

Principal Place of Business

Mailing Address

**2234 SW 132 COURT  
 MIAMI FL 33175**

**PMB 379; 8306 MILLS DRIVE  
 MIAMI FL 33183**

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

**65-0888198**

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

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 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  Delete  
 NAME **PD FARRAD, CHRISTIAN**  
 STREET ADDRESS **14321 SW 88 STREET F-409**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD PASQUIER, CONSTANTINO**  
 STREET ADDRESS **11267 SOUTHWEST 88TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE  Change  Addition  
 NAME **Pasquier, Constantino**  
 STREET ADDRESS **Residential Apt. 208F, 67 James P. Brawley Dr. SW**  
 CITY-ST-ZIP **Atlanta, GA 30314**

TITLE  Delete  
 NAME **SD PASQUIER, ROBERTO J**  
 STREET ADDRESS **11267 SOUTHWEST 88TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE  Change  Addition  
 NAME **C/O Pasquier, Roberto J**  
 STREET ADDRESS **2234 SW 132 COURT**  
 CITY-ST-ZIP **MIAMI, FL 33175**

TITLE  Delete  
 NAME **S ARIAS, MARTHA ASST.**  
 STREET ADDRESS **11267 SOUTHWEST 88TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE  Change  Addition  
 NAME **S Casimir, Muriel**  
 STREET ADDRESS **7345 SW 135 COURT**  
 CITY-ST-ZIP **Miami, FL 33183**

TITLE  Delete  
 NAME **T MONASTERIOUS, ARDLISSE**  
 STREET ADDRESS **17611 SW 115 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V Martin, Alexander**  
 STREET ADDRESS **10785 SW 108 Ave Apt 103**  
 CITY-ST-ZIP **Miami, FL 33176**

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:

**CHRISTIAN FARRAD P/D**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/27/01 305-658-0757**

CR2E037 (10/00)