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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
04-25-2001 90029 028 ***150.00

DOCUMENT # P00000013661

1. Entity Name
JEFFERSON ACADEMY, INC.

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES FL 33134	2100 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES FL 33134

44712

DO NOT WRITE IN THIS SPACE

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 65-1015257 — 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
FARRA, MIGUEL G 2699 S. BAYSHORE DRIVE FIFTH FLOOR MIAMI FL 33133	Name: Jorge I. Garcia-Sarraff Street Address (P.O. Box Number is Not Acceptable): 2100 Ponce de Leon Blvd. ~~Suite 601~~ City: Coral Gables, FL Zip Code: 33134

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: Jorge I. Garcia-Sarraff 4/16/01
Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: SAIDEN, AMIN STREET ADDRESS: 2100 PONCE DE LEON BLVD., SUITE 601 CITY-ST-ZIP: CORAL GABLES FL 33134 ☐ Delete	TITLE: President NAME: Saiden, Amin STREET ADDRESS: 2100 Ponce de Leon Blvd., 601 CITY-ST-ZIP: Coral Gables, Fl 33134 ☒ Change ☐ Addition
TITLE: D NAME: SAIDEN, SILVIA A STREET ADDRESS: 2100 PONCE DE LEON BLVD., SUITE 601 CITY-ST-ZIP: CORAL GABLES FL 33134 ☐ Delete	TITLE: Treasurer NAME: Saiden, Silvia A STREET ADDRESS: 2100 Ponce de Leon Blvd., 601 CITY-ST-ZIP: Coral Gables, Fl 33134 ☒ Change ☐ Addition
TITLE: D NAME: SAIDEN, SILVIA STREET ADDRESS: 2100 PONCE DE LEON BLVD., SUITE 601 CITY-ST-ZIP: CORAL GABLES FL 33134 ☐ Delete	TITLE: Secretary NAME: Saiden, Silvia STREET ADDRESS: 2100 Ponce de Leon Blvd., 601 CITY-ST-ZIP: Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with the address, with the title I am like empowered.

SIGNATURE: Silvia Saiden Silvia Saiden 05-14-01 305-4450885
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #