

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 AUG 20 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000030630</b>				
1. Entity Name <b>SOUTH FLORIDA SCHOOL OF TECHNOLOGY, INC.</b>				
Principal Place of Business 3100 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		Mailing Address 3100 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
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 <b>04-3629117</b>				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
STEELE, JAYNE 3100 SOUTH DIXIE HWY #220 MIAMI, FL 33133				Name <b>Alfonso J. Perez</b>
				Street Address (P.O. Box Number is Not Acceptable)
				<b>283 Catalonia Avenue 2nd Floor</b>
				City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE 			DATE <b>8/7/03</b>	
SIGNATURE (Type or print name of registered agent and title if applicable.)			(NOTE: Registered Agent signature required when resigning.)	
<p><b>FILE NOW!!! FEE IS \$150.00</b>                  After May 1, 2003 Fee will be \$550.00                  Amended UBR IS \$61.25                  Make Check Payable to Florida Department of State</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>P, S, D,</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEELE, JAYNE</b>		NAME	<b>Alfonso J. Perez</b>
STREET ADDRESS	<b>3100 SOUTH DIXIE HIGHWAY</b>		STREET ADDRESS	<b>283 Catalonia Avenue, 2nd Floor</b>
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
TITLE		<input type="checkbox"/> Delete	TITLE	<b>VP, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Jon Sastre</b>
STREET ADDRESS			STREET ADDRESS	<b>3100 South Dixie Highway</b>
CITY-ST-ZIP			CITY-ST-ZIP	<b>Miami, Florida 33133</b>
TITLE		<input type="checkbox"/> Delete	TITLE	<b>VP, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Christopher Perez</b>
STREET ADDRESS			STREET ADDRESS	<b>3100 South Dixie Highway</b>
CITY-ST-ZIP			CITY-ST-ZIP	<b>Miami Florida 33133</b>
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 607, 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: 			DATE <b>8/7/03</b> (305) 476-7100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #	

7/8/20