2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900061720 1. Entity Name

ACADEMICA CORPORATION

Principal	Place	of	Business

Mailing Address

6255 BIRD RD.

6255 BIRD RD.

FILED May 16, 2001 8:00 am Secretary of State

05-16-2001 90053 039 ***150.00

MIAMI-DADE FL 33155 MIAMI-		MIAMI-DADE FL 33155					
• 6							
Principal Place of Business 3. Mailing Ac		3. Mailing Address			101 17041 10010 13041 0041 1004		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE		
City & State City & State		City & State		4. FEI Number 65-0944595	Applied For Not Applicable		
Zip	Country	Zip	Country	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			
<u> </u>			Name				
ZULEUTA, FERNANDO G JR. 6255 BIRD RD. MIAMI-DADE FL 33155			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
		,	City	FL	Zip Code		
8. The above name	d entity submits this statement fo	r the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.			
SIGNATURE	re, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signature requir	ired when reinstating) DATE			
	is eligible to satisfy its Intangible ement and elects to do so. pack)	After MAY 1, 20	!!! FEE IS \$150.00 01 Fee will be \$550.00 ble to Department of Si		\$5.00 May Be Added to Fees		
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11		
TITLE PD	OF FIGURE	Delete	771	3	Change Addition		
, · -	VETA, FERNANDO	€11 Delete	NAME F	RNANDO J. Zulueta	Change Habiton		
	5 BIRD ROAD		STREET ADDRESS (68	155 Bird Road			
	=: :		CITY-ST-ZIP	iami, FL 33155	1		
171971	MI FL 33155						
TITLE S		☐ Delete	TITLE		Change Addition		
	SEN, MAGDALENA		NAME				
	5 BIRD ROAD		STREET ADDRESS				
CITY-ST-ZIP,MIA	MI FL-33155		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
	ITT, MARLA		NAME				
	5 BIRD ROAD		STREET ADDRESS				
CITY-ST-ZIP MIA	MI FL 33155		CITY-ST-ZIP		<u> </u>		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS		ì		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME		- —		
STREET ADDRESS			STREET ADDRESS		ľ		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
indicated on this	s report or supplemental report is	true and accurate and that m	ny signature shall have the	Section 119.07(3)(i), Florida Statutes, I further cere e same legal effect as if made under oath; that I a	am an officer or director		

changed, or on an attachment with an address, with all other like empowered.

Magdalina Ploe Magdalena Fresen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIMECTOR