

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90091 028 ***158.75

DOCUMENT # P99000079003

1. Entity Name

CENTER FOR PROFESSIONAL ADVANCEMENT, INC.

Principal Place of Business

1511 SW 118 COURT
 MIAMI FL 33184

Mailing Address

1511 SW 118 COURT
 MIAMI FL 33184-2538

2. Principal Place of Business

2887 SW 69 ct.
 Suite, Apt. #, etc.

3. Mailing Address

2887 SW 69 ct.
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

1050945975

Applied For

Not Applicable

Zip

Country

33155

Zip

Country

33155

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZABALA, ROSARIO
 1511 SW 118 COURT
 MIAMI FL 33184

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

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ABAD, SHERYL	PO BOX 14-4433	CORAL GABLES FL 33114-4433	<input type="checkbox"/>
D	ANGELINI, MARTHA	331 SW 18 TERRACE	MIAMI FL 33129	<input type="checkbox"/>
D	ZABALA, ROSARIO	1511 SW 118 COURT	MIAMI FL 33184	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an address, with all other like empowered.

SIGNATURE:

Martha Angelini
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 305-261-9333
 Date Daytime Phone #

CR2E034 (9/99)