

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 714963

FILED
Jan 10, 2003
Secretary of State

Entity Name: THE FLORIDA CHRISTIAN SCHOOL OF DADE COUNTY, INC.

Current Principal Place of Business:

4200 S.W. 89TH AVE.
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

4200 S.W. 89TH AVE.
MIAMI, FL 33165

New Mailing Address:

FEI Number: 59-1221039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, REGINALD
7300 SW 61ST STREET
MIAMI, FL 33143

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTERS, REG
Address: 7300 SW 61 STREET
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: RODRIGUEZ, LUIS
Address: 15241 SW 55TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: PD () Delete
Name: VANN, FRANK B,
Address: 13360 D SW 89TH TERRACE
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: DIEGUEZ, ED
Address: 13921 SW 39TH TERRACE
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: MATTERN, ALFRED
Address: 6464 SW 104 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REG WALTERS

PD

01/10/2003

Electronic Signature of Signing Officer or Director

Date