

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003417

Entity Name: BILINGUAL SCHOOL OF BUSINESS & PERFORMING ARTS INC.**FILED**
May 01, 2019
Secretary of State
1045168301CC**Current Principal Place of Business:**17601 NW 78 AVE
202 & 203
MIAMI, FL 33015**Current Mailing Address:**8933 NW 178TH STREET
MIAMI, FL 33018**FEI Number: 45-5467461****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE FRANCISCO, MIRIAM
8933 NW 178TH STREET
MIAMI, FL 33018 US*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

Officer/Director Detail :

Title PRESIDENT
Name DE FRANCISCO, MIRIAM
Address 8933 NW 178TH STREET
City-State-Zip: MIAMI FL 33018

Title CEO
Name DE FRANCISCO, MIRIAM
Address 8933 NW 178TH STREET
City-State-Zip: MIAMI FL 33018

Title VP
Name LEON, MARIA
Address 8728 NW 171 TER
City-State-Zip: MIAMI FL 33018

Title OFFICER
Name MARRERO, LOURDES
Address 14525 MAHOGANY COURT
City-State-Zip: MIAMI LAKES FL 33014

Title EXECUTIVE SECRETARY
Name ANGULO, YELINA ESQ.
Address 10255 NW 9TH ST
 204
City-State-Zip: MIAMI FL 33172

Title OFFICER
Name TORO, EFRAIN
Address 8933 NW 178TH STREET
City-State-Zip: MIAMI FL 33018

Title OFFICER
Name FERNANDEZ, PILAR
Address 14440 GLENCAIRN ROAD
City-State-Zip: MIAMI LAKES FL 33016

Title TREASURER
Name CAZORLA, YAQUELINE
Address 4341 NW 168 TERRACE
City-State-Zip: MIAMI GARDENS FL 33055

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I hereby 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 all other like empowered.

SIGNATURE: MIRIAM DE FRANCISCO**PRESIDENT****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	ACOSTA, CHASTITY
Address	7947 WEST 16 AVENUE
City-State-Zip:	HIALEAH FL 33014