

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 226141

Entity Name

GULLIVER ACADEMY, INC.

FILED

00 MAY 22 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
12595 Red Road 8603 South Dixie Highway
Coral Gables, FL 33156 Suite 406
Miami, FL 33143

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
59-0912538

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Company of Miami
1500 Miami Center
201 South Biscayne Blvd.
Miami, FL 33131

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 CD ☐ Delete
NAME KRUTULIS, MARIAN
STREET ADDRESS 13631 Deering Bay Dr., #257
CITY-ST-ZIP Miami, FL

TITLE SD ☐ Delete
NAME PERRONE, STEPHEN L.
STREET ADDRESS 5600 S.W. 84 Terrace
CITY-ST-ZIP Miami, FL

TITLE PD ☐ Delete
NAME KRUTULIS, JOHN
STREET ADDRESS 7360 SW 166 St.
CITY-ST-ZIP Miami, FL

TITLE TD ☐ Delete
NAME FUENTE, JOSE E.
STREET ADDRESS 8950 SW 156th St.
CITY-ST-ZIP Miami, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003279156--2
CITY-ST-ZIP -06/06/00--01108--022
*****17.50 *****9.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003279156--2
CITY-ST-ZIP -06/06/00--01108--023
*****550.00 *****550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose E. Fuente, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 18, 2000 (305) 666-6333

Date

Daytime Phone #

CR2E034 (9/99)