

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454205

1. Entity Name

FLORIDA SYSTEMS FOR EDUCATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90021 017 \*\*\*158.75

Principal Place of Business

7601 W. FLAGLER ST.  
SUITE 200  
MIAMI FL 33144  
US

Mailing Address

7601 W. FLAGLER ST.  
SUITE 200  
MIAMI FL 33144-2405  
US

00009984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1539739

Applied For  
Not Applicable

Zip

Country

Zip

Country

33144-2405

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

PIACENTI, ROBERT  
9190 SOUTHWEST 82ND AVENUE  
MIAMI FL 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PIACENTI, ROBERT  
STREET ADDRESS 9190 SW 82ND AVE.  
CITY-STATE-ZIP MIAMI, FL ~~00000~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ~~33156~~ ☒ Change ☐ Addition

TITLE VP  
NAME PIACENTI, GLADYS B.  
STREET ADDRESS 7650 SW 122 ST  
CITY-STATE-ZIP MIAMI, FL ~~00000~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ~~33157~~ ☒ Change ☐ Addition

TITLE SD  
NAME ALONSO, JENNY  
STREET ADDRESS 511 S.W. 88 PL. W.  
CITY-STATE-ZIP MIAMI, FL ~~00000~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ~~33174~~ ☒ Change ☐ Addition

TITLE TD  
NAME BRAVO, ARLENE  
STREET ADDRESS 627 SW 88 PL. E.  
CITY-STATE-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ~~33174~~ ☐ Change ☒ Addition

TITLE VD  
NAME SANCHEZ MICHELLE  
STREET ADDRESS 3101 S.W. 133 RD. COURT  
CITY-STATE-ZIP MIAMI FL 33175 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-2000 (305) 261-5211

Date

Daytime Phone #