

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90041 048 \*\*\*150.00

**DOCUMENT # 541624**

1. Entity Name

**ACADEMY MONTESSORI INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

44519 ARAPAHO DRIVE  
 FREMONT CA 94539

44519 ARAPAHO DRIVE  
 FREMONT CA 94539-6560

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

**59-1727670**

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

7. Name and Address of New Registered Agent

**DOS REMEDIOS, FRANCIS**  
**% C.W.C. ACCOUNTING SERVICE**  
**323 NE 2ND AVE.**  
**DELRAY BEACH FL 33444**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DOS REMEDIOS, SYLVIA	44519 ARAPAHO DRIVE	FREMONT CA	<input type="checkbox"/>
V	DOS REMEDIOS, STEPHEN	44519 ARAPAHO DRIVE	FREMONT CA	<input type="checkbox"/>
TS	DOS REMEDIOS, CYNTHIA	44519 ARAPAHO DRIVE	FREMONT CA	<input type="checkbox"/>
T	DOS REMEDIOS, FRANCIS	44519 ARAPAHO AVE	FREMONT CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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)(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:

**Francis Dos Remedios** *Francis Dos Remedios*

1-25-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)