2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#721626

FILED Apr 23, 2003 Secretary of State

Entity Name: SPANISH-AMERICAN BASIC EDUCATION AND REHABILITATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3990 W FLAGLER ST #100 MIAMI, FL 33134 **New Mailing Address: Current Mailing Address:** 3990 W FLAGLER ST #100 MIAMI, FL 33134 US FEI Number: 58-1126894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELA CRUZ, LUIS F. JR. DE LACRUZ & CUTLER, P.A 241 SEVILLA AVE., STE #805 CORAL GABLES, FL 33134 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PESTONIT, MARIO, GASCA, HECTOR Name: Name: 188 E 4TH AVE Address: 1417 W. FLAGLER STREET Address: City-St-Zip: HIALEAH, FL City-St-Zip: MIAMI, FL 33130 US Title: PD Title: (X) Change () Addition () Delete SABINES, LUIS, Name: ALEXANDER, WILLIAM Name: Address: 1417 W FLAGLER ST Address: 1417 W FLAGLER ST City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33130 US Title: () Delete Title: (X) Change () Addition RODRIGUEZ, HILDA, RODRIGUEZ, RAUL Name: Name: 2100 PONCE DE LEON BLVD. Address: 414 ARAGON AVE Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33134 US Title: () Delete Title: D (X) Change () Addition Name: RIVAS, ANTHONY, Name: RIVAS, ANTHONY 939 SW 87TH AVE 939 SW 87TH AVE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33174 US Title: VD () Delete Title: (X) Change () Addition CALIL, ALBERTO, CALIL, ALBERTO Name: Name: 1150 W FLAGLER ST 1150 W FLAGLER ST Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33130 US Title: () Delete Title: () Change (X) Addition SALAZAR, LUIS Name: Name: Address: Address: 9860 SW 84 STREET MIAMI, FL 33173 US City-St-Zip: 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: WILLIAM ALEXANDER PD 04/23/2003