

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90021 013 ****61.25

DOCUMENT # 733002

1. Entity Name

BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**904 S.W. 23RD AVENUE
 MIAMI FL 33135**

**904 S.W. 23RD AVENUE
 MIAMI FL 33135-4926**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1410520

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PEREZ, DEMETRIO
 904 SW 23 AVE.
 MIAMI FL 33135**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	PEREZ, DEMETRIO	904 S.W. 23RD AVENUE	MIAMI, FLORIDA 33144				
VD	BRITO, ANTONIO	2732 S.W. 32ND AVENUE	MIAMI, FLORIDA 33144				
ST	CASANOVA, ALICIA	12101 S.W. 34TH STREET	MIAMI FL				
SD	SANCHEZ-CIFUENTES, ZOILA	3265 N.W. 24TH TERRACE	MIAMI, FLORIDA 33144				
D	BEOVIDES, MARIO	2660 S.W. 17TH STREET	MIAMI FL				

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 (305) 643420

Date

Daytime Phone #