

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90110 003 \*\*\*\*61.25

**DOCUMENT # 733002**  
 1. Entity Name  
**BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.**

Principal Place of Business <b>904 S.W. 23RD AVENUE MIAMI FL 33135</b>	Mailing Address <b>904 S.W. 23RD AVENUE MIAMI FL 33135</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-1410520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**PEREZ, DEMETRIO**  
**904 SW 23 AVE.**  
**MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>PEREZ, DEMETRIO</b>	
STREET ADDRESS	<b>904 S.W. 23RD AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33144</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>BRITO, ANTONIO</b>	
STREET ADDRESS	<b>2732 S.W. 32ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33144</b>	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	<del>CASANOVA, ALICIA</del>	
STREET ADDRESS	<del>12101 S.W. 34TH STREET</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>SANCHEZ-CIFUENTES, ZOILA</b>	
STREET ADDRESS	<b>3265 N.W. 24TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33144</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BEOVIDES, MARIO</b>	
STREET ADDRESS	<b>2660 S.W. 17TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>ST</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CASANOVA, ALICIA</del>	
STREET ADDRESS	<b>12101 SW 34 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175-3100</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)