

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

Mailing Address

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

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

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**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **PEREZ, DEMETRIO**
CITY-ST-ZIP **904 S.W. 23RD AVENUE
MIAMI, FLORIDA 33144**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BRITO, ANTONIO**
CITY-ST-ZIP **2732 S.W. 32ND AVENUE
MIAMI, FLORIDA 33144**

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

TITLE ☒ Delete
NAME ~~**ST**~~
STREET ADDRESS ~~**CASANOVA, ALICIA**~~
CITY-ST-ZIP ~~**12101 S.W. 34TH STREET
MIAMI FL**~~

TITLE ☒ Change ☐ Addition
NAME ~~**ST**~~
STREET ADDRESS ~~**CASANOVA, ALICIA**~~
CITY-ST-ZIP ~~**12101 SW 34 ST
MIAMI FL 33175-3100**~~

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **SANCHEZ-CIFUENTES, ZOILA**
CITY-ST-ZIP **3265 N.W. 24TH TERRACE
MIAMI, FLORIDA 33144**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BEOVIDES, MARIO**
CITY-ST-ZIP **2660 S.W. 17TH STREET
MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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

Date

Daytime Phone #

CR2E037 (9/01)