## 2003 NOT-FOR-PROFIT CORPORATION

## **FILED** Mar 31, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT # 733002** 1. Entity Name 03-31-2003 90111 042 \*\*\*\*70.00 BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC. Principal Place of Business Mailing Address 904 S.W. 22RD AVENUE 904 S.W. SJBD-AVENUE MIAMI-FL 33135 2732 5,W, 32 are MIAMITEL 33135 2732 5.W. 32 an Miami FL. 39133 MIAMI FL. 39183 2. Principal Place of Business 3. Mailing Address 2792 5.W. 32 are 2732 5. W, 32 an. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1410520 Applied For Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 23/73 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Intonio Brito PEREX DEMERRIO - Antonio Brito 2732 5.W. 32am Migmi FL. 33/33 Street Address (P.O. Box Number is Not Acceptable) 904 SW 23 AVE. 27325.W. 32 ave MIAMI FL 33735 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed ha registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Addition ☐ Delete PEREZ. DEMETRIO NAME NAME STREET ADDRESS 904 S.W. 23RD AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI. FLORIDA 33144 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE **BRITO, ANTONIO** NAME NAME 2732 S.W. 32ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FLORIDA 33144 CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete CASANOVA, ALICIA NAME NAME STREET ADDRESS 12101 S.W. 34TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33175-3100 TITLE ☐ Change ☐ Addition TITLE ☐ Delete SANCHEZ-CIFUENTES, ZOILA NAME NAME 3265 N.W. 24TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI. FLORIDA 33144 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BEOVIDES, MARIO NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption state. pection 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 be of the corporation or the receiver or trustee empowered to execute this report as required by Cha e same legal effect as if made under oath; that I am an officer or director 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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

TITLE NAME 2660 S.W. 17TH STREET

MIAMI FL

Change

☐ Addition