

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90111 042 ****70.00

DOCUMENT # 733002

1. Entity Name
BILINGUAL PRIVATE SCHOOLS ASSOCIATION, INC.



Principal Place of Business
**904 S.W. 23RD AVENUE
MIAMI-FL 33135**
*2732 S.W. 32 Ave
Miami FL 33133*

Mailing Address
**904 S.W. 23RD AVENUE
MIAMI FL 33135**
*2732 S.W. 32 Ave
Miami FL 33133*

2. Principal Place of Business
2732 S.W. 32 Ave.

3. Mailing Address
2732 S.W. 32 Ave

Suite, Apt. #, etc.

City & State
Miami FL.

City & State
Miami FL.

Zip
33133

Country
USA

Zip
33133

Country
USA

4. FEI Number **59-1410520**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

Antonio Brito
2732 S.W. 32 Ave
Miami FL 33133

7. Name and Address of New Registered Agent

Name *Antonio Brito*

Street Address (P.O. Box Number is Not Acceptable)
2732 S.W. 32 Ave

City *Miami* FL Zip Code *33133*

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]* *Antonio Brito* *3/26/03*

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, DEMETRIO	
STREET ADDRESS	904 S.W. 23RD AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRITO, ANTONIO	
STREET ADDRESS	2732 S.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CASANOVA, ALICIA	
STREET ADDRESS	12101 S.W. 34TH STREET	
CITY-ST-ZIP	MIAMI FL 33175-3100	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANCHEZ-CIQUENTES, ZOILA	
STREET ADDRESS	3265 N.W. 24TH TERRACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEOVIDES, MARIO	
STREET ADDRESS	2660 S.W. 17TH STREET	
CITY-ST-ZIP	MIAMI FL	
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		<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)(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 names empowered.

SIGNATURE: *[Signature]* *305-448-1463*

CR2E037 (10/02)