## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 737733**

CORAL GABLES ELEMENTARY SCHOOL PARENT-TEACHER AS SOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

CORAL GABLES ELEMENTARY SCHOOL 105 MINORCA AVENUE **CORAL GABLES FL 33134** 

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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CORAL GABLES ELEMENTARY SCHOOL 105 MINORCA AVENUE CORAL GABLES FL 33134

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90056 028 \*\*\*\*61.25



3. Date incorporated or Qualifed

5. Certificate of Status Desired

01/05/1977

23-7628410

4. FEI Number

Zip	Country	Zip	Coun	try	6. Election Campaign Financin	<sup>9</sup> □	\$5.00	May Be	
24	25	29	30		Trust Fund Contribution		Added	to Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				B1 Name		,			
LEVENSTEIN, JEROME C				82 Street Address (P.O. Box Number is Not Acceptable)					
300 CANDIA AVENUE				SI SI SE AUC	Tess (1.0. DOX Number is Not Accept	J. J			
CORAL GABLES FL 33134				B3	,				
CURAL G	ADLES PE 33134						7 1		
				64 City		FL	85   Zip	Code	
11 Durguent	to the provisions of Sections 617.0502	and 617 1508 Florida Sta	tutes the ab	ove-pamed cor	poration submits this statement for th	ne purpose of	changing its	registered	
office or r	registered agent, or both, in the State of	Florida. Such change was	s authorized	by the corporat	ion's board of directors. I hereby acc	ept the appoir	tment as re	gistered	
agent. I a	im familiar with, and accept the obligation	ns of, Section 617.0503,1	Florida Statu	es.		ala≠ii tif gib		.b) v # 1835	
SIGNATURE						DATE			
40	Signature, typed or printed name of registered agent a		TE: Registered A	gent signature requir	red when reinstating) ADDITIONS/CHANGES TO C		D DIRECTO	ORS IN 12	
12.	OFFICERS AND	DIRECTORS	1.1 TITL		ADDITIONS/CHANGES TO C	ATTIOLING AIT	☐ Change	Addition	
TITLE	PD AARDIO A				_			Д	
NAME	CABRERA, MARIO A		1.2 NAM						
STREET ADDRESS		4	1.3 STF	EET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134			/-ST-ZIP				- Addition	
TITLE	VPD	☐ DELETE	2.1 TITL	E			Change	☐ Addition	
NAME	MILLS, CYNTHIA L		2.2 NAN	Æ					
STREET ADDRESS	3305 GRANADA BOULEVARD		2.3 STR	EET ADDRESS	•		,		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CIT	Y-ST-ZiP					
TITLE	SD	☐ DELETE	3.1 TITL	E			Change	Addition	
NAME	DEAM, ANN W		3.2 NAN	Œ					
STREET ADDRESS	F		3.3 STF	EET ADORESS					
CITY-ST-ZIP	CORAL GALBES FL 33134		3.4, CIT	Y-ST-ZIP					
TITLE	TD	☐ DELETE	4.1 TITL	E	871111		☐ Change	Addition	
NAME .	DUBEY, JOHN P		4. 2 NA	ME !		,			
STREET ADDRESS				EET ADDRESS	• • •			1	
CITY-ST-ZIP	MIAMI FL 33134			(-ST-ZIP					
TITLE	MINISTE I L 30 104	☐ DELETE	5.1 TITL	<del>i</del>			Change	Addition	
NAME			5.2 NAA		`•,		_ •	_	
				EET ADDRESS					
STREET ADDRESS	55	•		/-ST-ZIP					
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.1 TITL				Change	Addition	
TITLE			6.2 NAA	·			□ ⇔wilde	(۱۰۵۱۱۰۰۱ یــ	
NAME		•							
STREET ADDRESS	Park Services			EET ADDRESS					
C/TY-ST-ZIP				/-ST-ZIP	0 11 110 07/0/07 51 11 01 11	16.4	UE. 45-44-	i-fatia-	
14. I hereby o	certify that the information supplied with	this filing does not qualify	for the exen	iption stated in	Section 119.07(3)(i), Florida Statute:	s. I further cer s if made unde	ury inat ine er oath: that	miormation	

indicated or this annual report or supplemental annual report is due and accurate and that my signature shall have the same legal effect as it 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

RE RECEITED CABRERA (President)

7 January 1999

Applied For

\$8.75 Additional

Fee Required

Not Applicable