

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90726 001 ****61.25

DOCUMENT # 752549

1. Entity Name

JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

**9190 BISCAYNE BLVD.
MIAMI SHORES FL 33138
US****9190 BISCAYNE BLVD.
MIAMI SHORES FL 33138
US**

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 **59-0807486**

Applied For

Not Applicable

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

**HAGA, CATHERINE L
9190 BISCAYNE BLVD.
MIAMI SHORES FL 33138**

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 \$61.259. 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 **D** ☐ Delete
NAME **KAPLAN, MAXINE**
STREET ADDRESS **777 BRICKELL, 4TH FL**
CITY-ST-ZIP **MIAMI FL 33137**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **VELASCO, ISRAEL**
STREET ADDRESS **1200 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL 33131**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HORWITZ, SANFORD**
STREET ADDRESS **2121 PONCE DE LEON, #1100**
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ESCANDON, EMILIO**
STREET ADDRESS **200 S BISCAYNE BLVD., #400**
CITY-ST-ZIP **MIAMI FL 33131**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FERNANDEZ, GEORGE A**
STREET ADDRESS **1493 SUNSET DRIVE**
CITY-ST-ZIP **SO. MIAMI FL 33143**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HAGA, CATHERINE L**
STREET ADDRESS **2397 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9190 Biscayne Blvd #202**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Haga**5/15/02****305-
751-9200**

CR2E037 (9/01)