

8/14

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-14-2001 90002 046 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768204

1. Entity Name

DADE COUNTY EDUCATIONAL ACCESS INC.

Principal Place of Business

172 NE 15TH STREET
 MIAMI FL 33132
 US

Mailing Address

404 VISCAYA AVENUE
 CORAL GABLES FL 33134

12050



DO NOT WRITE IN THIS SPACE

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

65-0191918

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

BARNES, PAUL D JR
 404 VISCAYA AVENUE
 CORAL GABLES FL 33134

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE CD
 NAME SAGOSTUME, GUSTAVO ☒ Delete
 STREET ADDRESS 172 NE 15TH ST
 CITY-ST-ZIP MIAMI FL

TITLE VCD
 NAME GREER, ALAN ☐ Delete
 STREET ADDRESS 201 S. BISCAYNE BLVD, 10TH FLOOR
 CITY-ST-ZIP MIAMI FL

TITLE SD
 NAME BARNES, PAUL D. JR ☐ Delete
 STREET ADDRESS 404 VISCAYA AVENUE
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME Labonia, John D
 STREET ADDRESS 172 NE 15TH ST
 CITY-ST-ZIP MIAMI, FL 33132

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

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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 OF REGISTERED AGENT

PAUL D. BARNES 8/9/01 305-476-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)