

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-21-2007 90024 020 ****61.25

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

DOCUMENT # F04000001044

1. Entity Name

CREAD, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

%NOVA SE UNIVERSITY; 1750 NE 167TH
Suite, Apt #, etc

3. Mailing Address

%NOVA SE UNIVERSITY; 1750 NE 167TH
Suite, Apt #, etc

City & State
N. MIAMI BEACH, FL

City & State
N. MIAMI BEACH, FL

4. FEI Number
25-1725567

Applied For
Not Applicable

Zip
33162

Country

Zip
33162

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

66005728

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ~~AR~~ ARMANDO VILLARROEL

Street Address (P.O. Box Number is Not Acceptable)
NOVA SOUTHEASTERN UNIVERSITY

1750 NE 167th STREET

City NORTH MIAMI BEACH

FL

Zip Code
33162

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 2/5/07

FEE IS \$64.25
Initial or Amended UBR

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 EXECUTIVE DIRECTOR
NAME ARMANDO VILLARROEL
STREET ADDRESS 1750 NE 167TH STREET
CITY-ST-ZIP N. MIAMI BEACH, FL 33162

TITLE PRESIDENT
NAME PATRICIA A. MUNOZ
STREET ADDRESS CALLE DEL PUENTE #45, COLONIA EJIDOC
CITY-ST-ZIP IPULCO MEXICO DF, MEXICO

TITLE DIRECTOR
NAME LUIZ MIGUEL FERNANDEZ
STREET ADDRESS UNIVERSIDAD TECNICA PART. de LOJA
CITY-ST-ZIP LOJA, ECUADOR

TITLE DIRECTOR
NAME LUIS VALTER GOMES
STREET ADDRESS RUA SAO PEDRO #24
CITY-ST-ZIP NITEROI, RJ 24020-050, BRASIL

TITLE DIRECTOR
NAME NANCY VAN WAGONER
STREET ADDRESS ACADIA UNIVERSITY
CITY-ST-ZIP WOLFVILLE, NS B4P 2R6, CANADA

TITLE DIRECTOR
NAME MARIA de LOURDES LOPEZ
STREET ADDRESS PO BOX 21345
CITY-ST-ZIP SAN JUAN, PUERTO RICO 00928-1345

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO VILLARROEL EXECUTIVE DIRECTOR

1/8/2007
Date

(954)-262-7829
Daytime Phone #