

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90022 048 ***158.75

DOCUMENT # K66994

1. Entity Name

HIALEAH SYSTEM FOR EDUCATION, INC.

Principal Place of Business

**7601 W FLAGLER ST 2ND FL
MIAMI FL 33144-2453
US**

Mailing Address

**7601 W FLAGLER ST 2ND FL
MIAMI FL 33144-2405
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 **65-0104735**

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****YTURRIA, PAUL
13820 NW 2 AVE
N MIAMI FL 33168-4844**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PD** ☐ Delete
NAME **PIACENTI, ROBERT**
STREET ADDRESS **9690 SW 82ND AVE**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33156**TITLE **VD** ☐ Delete
NAME **PIACENTI, GLADYS B.**
STREET ADDRESS **7650 SW 122ND ST**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33157**TITLE **SD** ☐ Delete
NAME **ALONSO, JENNY**
STREET ADDRESS **511 S.W. 88TH PL W.**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33174**TITLE **TD** ☐ Delete
NAME **BRAVO, ARLENE**
STREET ADDRESS **672 S.W. 88TH PL E.**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33174**TITLE **VP** ☐ Delete
NAME **SANCHEZ, MICHELLE**
STREET ADDRESS **3101 SW 133RD CT.**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33175**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-2000 (305) 261-5211

Date

Daytime Phone #