SIGNATURE

2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # M98958** DADE COUNTY HIGH TECH SCHOOL, INC. 02-08-2001 90146 021 ***158.75 Principal Place of Business Mailing Address 10350 W FLAGLER ST 10350 W FLAGLER ST MIAMI FL 33174 MIAMI FL 33174 JIOUOU 2. Principal Place of Business 3. Mailing Address 8230 West Flublez 8230 W. Flublez St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0074056 Miami, FL. Not Applicable Viami Country Country **\$8.75** Additional Zip 5. Certificate of Status Desired 33144 Fee Required 33144 Dade Dade. 7.-Name and Address of New Registered Agent-6.-Name and Address of Current Registered Agent-ARENCIBIA, HERIBERTO Street Address (P.O. Box Number is Not Acceptable) 5200 N.W. 183 STREET **MIAMI FL 33055** ose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE 🗖 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DP Change TITLE ☐ Delete TITLE ARENCIBIA, ERIC NAME NAME STREET ADDRESS STREET ADDRESS 19450 ROYAL BIRK DALE DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE QUEVEDO, MAURICIO NAME NAME STREET ADDRESS 5825 SW 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition DTS Change TITLE Delete TITLE CORDOBA, RAFAEL NAME NAME STREET ADDRESS 5461 S.W. 144 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filir indicated on this report or supplemental report is true an of the corporation or the reserver or trustee/enpowered g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the re