

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

04-25-2003 90125 049 ****61.25

DOCUMENT # N00000004085



1. Entity Name
BACK ON TRACK EDUCATIONAL FORMAT CORP.

55041391

Principal Place of Business
10131 SW 154 CIRCLE CT
107
MIAMI FL 33196

Mailing Address
10131 SW 154 CIRCLE CT
107
MIAMI FL 33196



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
10131 SW 154 CIRCLE CT

3. Mailing Address
SAME

Suite, Apt. #, etc
#107

Suite, Apt. #, etc
SAME

City & State
MIAMI FL

City & State
MIAMI FL

4. FBI Number
65-1024282

Applied For
 Not Applicable

Zip
33196

Country
USA

Zip
33196

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GONZALEZ, MIRIAM E
10131 SW 154 CIRCLE CT
107
MIAMI FL 33196

7. Name and Address of New Registered Agent
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. 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

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PTD	<input type="checkbox"/> Delete GONZALEZ, MIRIAM E STREET ADDRESS 10131 SW 154 CIRCLE CT CITY-ST-ZIP MIAMI FL 33196	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	<input checked="" type="checkbox"/> Delete COBOS, NORMA STREET ADDRESS 10131 SW 154 CIRCLE CT CITY-ST-ZIP MIAMI FL 33196	TITLE UD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VALDES, DAVID STREET ADDRESS 10131 SW 154 CIRCLE CT #107 CITY-ST-ZIP MIAMI FL 33196
TITLE T	<input type="checkbox"/> Delete MOREL-ANGIE STREET ADDRESS 10131 SW 154 CIRCLE CT CITY-ST-ZIP MIAMI FL 33196	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	<input checked="" type="checkbox"/> Delete MACCIO, MARISOL STREET ADDRESS 10131 SW 154 CIRCLE CT CITY-ST-ZIP MIAMI FL 33196	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VALDES, ALEXANDER STREET ADDRESS 10131 SW 154 CIRCLE CT #107 CITY-ST-ZIP MIAMI FL 33196
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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] Date: 4/21/03 786
261 8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/02)