

2001 UNIFORM BUSINESS REPORT (UBR)

5/3.

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90070 037 ***150.00

DOCUMENT # N00000007596

1. Entity Name

CUAM EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1018 BLUE WOOD TERR
 WESTON FL 33327

1018 BLUE WOOD TERR
 WESTON FL 33327

46329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1424 MAJESTY TERRACE

1424 MAJESTY TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Fla.

City & State

Weston, Fla.

4. FEI Number

05-1055165

Applied For

Not Applicable

Zip
 33327

Country
 U.S.A.

Zip
 33327

Country
 U.S.A.

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

LEVINE & SEGAL, P.A.
 4300 N UNIVERSITY DR, STE A-108
 FT LAUDERDALE FL 33351

Name

Andres Pastrana

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

2685 EXECUTIVE PARK DRIVE

Suite 105

City

Weston

FL

Zip Code

33331

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

Andres Pastrana

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MORENO, WILFREDO D | |
| STREET ADDRESS | 1018 BLUE WOOD TERR | |
| CITY-ST-ZIP | WESTON FL 33327 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FERENANDEZ, OSWALDO D | |
| STREET ADDRESS | 1018 BLUE WOOD TERR | |
| CITY-ST-ZIP | WESTON FL 33327 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PASTRANA, ANDRES D | |
| STREET ADDRESS | 1018 BLUE WOOD TERR | |
| CITY-ST-ZIP | WESTON FL 33327 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED ANDRES PASTRANA - 25-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)