1 of 2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT -8 PM 12:16

DOCUMENT # N01000000942

1. Entity Name

MIAMI-DADE CHARTER SCHOOLS, INC.

Principal Place of Business	Mailing Address
2200 BISCAYNE BLVD. MIAMI FL 33137	2200 BISCAYNE BLVD. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

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 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLTON FIELDS, P.A.
% JAY STEINMAN, ESQ.
100 SE SECOND ST.,S#4000,INTERNATIONAL PLZ
MIAMI FL 33131-9101

7. Name and Address of New Registered Agent

Name CERA, LLC
Street Address (P.O. Box Number is Not Acceptable)
One Harbour Place 5th Floor
777 S. Harbour Island Blvd
City Tampa FL Zip Code 33602

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 Lawrence Jamison Jr 10/7/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORNILLO, PAT 2200 BISCAYNE BLVD. MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, SHIRLEY DR 2200 BISCAYNE BLVD. MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANN, MERRI 2200 BISCAYNE BLVD. MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100008286271--8
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, ANNETTE 2200 BISCAYNE BLVD. MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

rak

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number: FCA000000017

Reference: (Sub Account) _____

Date: 10/8/02

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (x261)

RECEIVED
02 OCT -8 PM 12:17
DIVISION OF CORPORATION

Corporation Name: Miami-Dade Charter Schools

Entity Number: N01000000942

Authorization: Kim Pullen

_____ Certified Copy		X Certificate of Status
_____ New Filings	_____ Plain Stamped Copy	X Annual Report Reinstatement
_____ Fictitious Name	_____ Amendments	_____ Registration

(X) Call When Ready	(X) Call if Problem	( ) After 4:30
(X) Walk In	( ) Will Wait	(X) Pick Up

CF Internal Use Only

Client: 45906 Matter: 07412

Name: Jay Steinman Office: Miami

TAL#501656.01