

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90138 037 \*\*\*\*70.00

**DOCUMENT # N01000002028**

1. Entity Name  
**DORAL ACADEMY HIGH SCHOOL, INC.**



Principal Place of Business  
**6255 BIRD ROAD  
MIAMI FL 33155**

Mailing Address  
**6255 BIRD ROAD  
MIAMI FL 33155**

2. Principal Place of Business  
**11100 NW 27th St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**6255 Bird Road**  
Suite, Apt. #, etc.  
**Miami, FL**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-1115240**

Applied For  
Not Applicable

Zip **33172** Country **USA**

Zip **33155** Country **USA**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZULUETA, IGNACIO G ESQ.  
6255 BIRD ROAD  
MIAMI FL 33155**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABELLO, SALIMA</b>	
STREET ADDRESS	<b>6255 BIRD ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALVAREZ, GABRIELLE</b>	
STREET ADDRESS	<b>6255 BIRD ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRESEN, MILLIE</b>	
STREET ADDRESS	<b>6255 BIRD ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARROSO, VICTOR</b>	
STREET ADDRESS	<b>12583 SW 119TH PLACE</b>	<i>change -&gt;</i>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LLANES, ROLANDO</b>	
STREET ADDRESS	<b>6255 BIRD ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>TV</b>	<input type="checkbox"/> Delete
NAME	<b>ZULUETA, IGNACIO</b>	
STREET ADDRESS	<b>6255 BIRD ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ana Carbonell</b>	
STREET ADDRESS	<b>6255 Bird Rd</b>	
CITY-ST-ZIP	<b>Miami, FL 33155</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fernando Zulueta</b>	
STREET ADDRESS	<b>6255 Bird Rd.</b>	
CITY-ST-ZIP	<b>Miami, FL 33155</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Magdalena Fresen</b>	
STREET ADDRESS	<b>6255 Bird Road</b>	
CITY-ST-ZIP	<b>Miami, FL 33155</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Victor Barroso</b>	
STREET ADDRESS	<b>6255 Bird Road</b>	
CITY-ST-ZIP	<b>Miami, FL 33155</b>	
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		
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)* **4/30/03** **(305) 669-2906**

CR2E037 (10/02)