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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State
05-23-2002 90054 023 ****61.25

DOCUMENT # N01000003431

1. Entity Name

CULTURELINK ASSOCIATION OF HIGHER EDUCATION, COR P.

Principal Place of Business	Mailing Address
CROSS ROADS ONE CENTER. 8201 PETERS ROAD. SUITE 1000 PLANTATION FL 33324	CROSS ROADS ONE CENTER. 8201 PETERS ROAD. SUITE 1000 PLANTATION FL 33324

[redacted]

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 ☐ Applied For ☐ Not Applicable

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
KOPROWSKI, PAUL 10031 PINES BLVD. SUITE 224 PEMBROKE PINES FL 33024	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.

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUZMAN, BEATRIZ E (D) CROSS ROADS ONE CENTER. 8201 PETERS ROAD. PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P S GUZMAN, BEATRIZ E. 585 N.W. 129TH WAY HOLLYWOOD, FL 33028 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V UPTON, JAN CROSS ROADS ONE CENTER. 8201 PETERS ROAD. PLANTATION FL 33324 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PEDRO GUZMAN 188 NW 106 Terrace PP, FL 33026 (D) ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELISABETH DIB 14255 NW 21ST ST PP, FL 33024 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDREINA GUZMAN 1517 NW 101ST ST (D) PEMBROKE PINES, FL 33026 ☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Beatriz Guzman REQUIRED BEATRIZ GUZMAN PRESIDENT 4/30/02 (954) 432-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #