2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004839

Entity Name: COMMUNITY TECHNOLOGICAL INSTITUTE OF MIAMI, INC.

FILED Sep 06, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12955 BISCAYNE BLVD. #326 2125 BISCAYNE BLVD NORTH MIAMI, FL 33181

300

MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

12955 BISCAYNE BLVD. #326 2125 BISCAYNE BLVD NORTH MIAMI, FL 33181

300

MIAMI, FL 33137

FEI Number: 75-3073372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JORDAN, EVELYN GARCIA, CALIXTO PHD 12955 BIŚCAYNE BLVD. #326 2125 BISCAYNE BLVD NORTH MIAMI, FL 33181 300

MIAMI, FL 33137 US

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: CGARCIA 09/06/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete JORDAN, EVELYN JORDAN, EVELYN Name: Name:

12955 BISCAYNE BLVD. #326 Address: 2125 BISCAYNE BLVD. #300 Address: City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: MIAMI, FL 33137 US

Title: VD Title: VD (X) Change () Addition () Delete

OLIVA, MARIA C Name: OLIVA, MARIA C Name: Address: 295 NW 1ST ST. SUITE 207 Address: 395 NW 1ST ST. SUITE 207

City-St-Zip: MIAMI, FL 33128 City-St-Zip: MIAMI, FL 33128 US

Title: () Delete Title: (X) Change () Addition MCCABE, FRANCES SISTER MCCABE, FRANCES SISTER Name: Name:

7525 NW 2ND AVE. Address: Address: 7525 NW 2ND AVE. City-St-Zip: MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33150 US

Title: () Delete Title: (X) Change () Addition Name: AZCUY, MARIA ELEAN Name: SUAREZ-PORRO, ANTONIA Address: 8444 NW 141 TER UNIT 3905 Address: 9322 BISCAYNE BLVD

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI SHORES, FL 33138 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EJORDAN PD 09/06/2003