

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

FILED
May 12, 2003 8:00 am
Secretary of State

04-24-2003 90250 048 ****61.25

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1. Entity Name

BRAIN BUSTERS GIFTED BOOSTER CLUB, INC.



Principal Place of Business

**13001 S.W. 26 STREET
MIAMI FL 33175**

Mailing Address

**P.O. BOX 65-4112
MIAMI FL 33265**

55039542



☐ CHECK HERE IF MAKING CHANGES

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

61-1426733

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

ABDO-GOMEZ, MAGDA ESQ.

**13001 S.W. 26 STREET
MIAMI FL 33175**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **President** ☐ Delete
NAME **Magda Abdo-Gomez**
STREET ADDRESS **13001 SW 26 Street**
CITY-ST-ZIP **MIAMI, FL 33175** **D**

TITLE **Jorge Vela - President** ☐ Delete
NAME **Jorge Falcon**
STREET ADDRESS **13001 SW 26 Street**
CITY-ST-ZIP **MIAMI, FL 33175** **D**

TITLE **Secretary** ☐ Delete
NAME **Suzy Benet**
STREET ADDRESS **13001 SW 26 St.**
CITY-ST-ZIP **MIAMI, FL 33175** **D**

TITLE **Treasurer** ☐ Delete
NAME **Yumetula Torre**
STREET ADDRESS **13001 SW 26 St.**
CITY-ST-ZIP **MIAMI, FL 33175** **D**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

MAGDA ABDO-GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02 305-559

7478

CR2E037 (10/02)