

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10089

1. Entity Name

ST. PHILLIP NERI EDUCATIONAL CENTER, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90323 045 \*\*\*\*61.25

Principal Place of Business

1632 SW 21 ST  
C/O LASKAR J. STEINBERG  
MIAMI FL 33145-2846  
US

Mailing Address

1632 SW 21 ST  
C/O LASKAR J. STEINBERG  
MIAMI FL 33145-2846  
US

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

59-2616686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STEINBERG, LASKAR J  
1632 SW 21 STREET  
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS STEINBERG, LASKAR J  
CITY-ST-ZIP 1632 SW 21 ST  
MIAMI FL

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ARISTA, LEOPOLDO  
CITY-ST-ZIP 737 MINORCA AVE  
CORAL GABLES FL

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS GONZALEZ, MARIA A  
CITY-ST-ZIP 1540 SW 14TH TERR  
MIAMI FL

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS STEINBERG, CELIA L  
CITY-ST-ZIP 1632 SW 21ST ST  
MIAMI FL

TITLE ☐ Delete  
NAME S  
STREET ADDRESS HERRERO, MARIA C  
CITY-ST-ZIP 11940 SW 132 AVE  
MIAMI FL

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS GARCIA, LILIANA  
CITY-ST-ZIP 12550 SW 309T  
MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

LASKAR J. STEINBERG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

4/17/2001 305 854-6390

CR2E037 (10/00)