

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12985

1. Entity Name

AMERICAN HISPANIC EDUCATORS ASSOCIATION OF DADE

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90093 046 \*\*\*\*75.00

Principal Place of Business

C/O MAGDA M. LECOURS  
 611 VELARDE AVENUE  
 CORAL GABLES FL 33134

Mailing Address

C/O MAGDA M. LECOURS  
 611 VELARDE AVENUE  
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2698757

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LECOURS, MAGDA  
 611 VELARDE AVENUE  
 CORAL GABLES FL 33134

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

After September 13, 2000 min. will be \$236.25

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 PD  
 NAME LECOURS, MAGDA  
 STREET ADDRESS 611 VELARDE AVENUE  
 CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
 NAME CORPION, CARMEN G.  
 STREET ADDRESS 2231 S.W. 83 AVENUE  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
 NAME PERKINS, CARMEN  
 STREET ADDRESS 3115 SW VILLAGE GREEN DRIVE  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
 NAME VEGA, MIGDANIA  
 STREET ADDRESS 9961 SW 12TH STREET  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
 NAME BUTTARI, LILIA  
 STREET ADDRESS 15 SAMANA DR  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
 NAME TANO, MARIA C.  
 STREET ADDRESS 8540 SW 20TH STREET  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 Lecours*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00 305-883-0445  
 Date Daytime Phone #

CR2E037 (5/00)