


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

FILED
Jul 07, 2003 8:00 am
Secretary of State

6/3.

06-03-2003 90037 030 ****75.00

DOCUMENT # N12985			
1. Entity Name AMERICAN HISPANIC EDUCATORS ASSOCIATION OF DADE OR "AHEAD", INC.			
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 c/o Maria P. Acosta Suite, Apt. #, etc. 8101 SW 108 ST City & State Miami, FL Zip 33156 Country USA		3. Mailing Address c/o Maria P. Acosta Suite, Apt. #, etc. 8101 SW 108 ST City & State Miami, FL Zip 33156 Country USA	
4. FEI Number 59-2698757		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
8. Name and Address of Current Registered Agent LECOURS, MAGDA 611 VELARDE AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Acosta, Maria P. Street Address (P.O. Box Number is Not Acceptable) 8101 SW 108 St City Miami FL Zip Code 33156	
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 <i>Maria P. Acosta</i> (Magda M. Lecours) DATE 6/29/03 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD LECOURS, MAGDA 611 VELARDE AVENUE CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lecours, Magda 611 Velarde Ave. Coral Gables, FL, 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORPION, CARMEN G. 2231 S.W. 83 AVENUE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERKINS, CARMEN 3115 SW VILLAGE GREEN DRIVE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perez, Elisa 10978 SW 74 ST Miami, FL, 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEGA, MIGDANIA 9961 SW 12TH STREET MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Acosta, Maria P. 8101 SW 108 St. Miami, FL, 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTTARI, LILIA 15 SAMANA DR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TANO, MARIA C. 8540 SW 20TH STREET MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Naveiras, Carolina 7225 W 16 Ave Hialeah, FL, 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <i>Magda M. Lecours</i> (Magda M. Lecours) DATE 5/29/03		# (305) 444-0607 Daytime Phone #	

CR2E037 (10/02)