2000 UNIFORM BUSINESS REPORT (UBR)

081400
FILED
00 AUG 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33610

1. Entity Name

SOUTH FLORIDA INTERNATIONAL ACADEMY, INC.

Principal Place of Business	Mailing Address
850 IVES DAIRY RD UNIT T51 MIAMI, FL 33179 - US	270 NE 200 TER. MIAMI, FL 33179-2947 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0159772 ☐ 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
HOLASH, L M 270 NE 200 TER MIAMI, FL 33179	Name Street Address (P.O. Box Number is Not Acceptable) City / Zip

500003368225--8
-08/23/00--01016--018
*****61.25 *****61.25

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLASH, LISE M. 270 NE 200 TER MIAMI, FL 33179 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OTIS, RICHARD F. 270 NE 200 TER. MIAMI, FL 33179 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 500003368225--8 -08/23/00--01016--022 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MELECSINSKI, DIANE M. 515 NW 100 PL PEMBROKE PINES, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLY, ROSE-ANN 17600 NW 5 AVE - APT 712 MIAMI, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEYCHERT, DAVID ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, MIGUEL A. 2450 SW 137 AVE - 205 MIAMI, FL 33175 ☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard F. Otis 8/11/2000 305-999-9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

ck 1019