

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33610

1. Entity Name

SOUTH FLORIDA INTERNATIONAL ACADEMY, INC.

FILED

01 SEP 27 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

850 IVES DAIRY RD.
UNIT T51
MIAMI FL 33179
US

270 N.E. 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

4. FEI Number

65-0159772

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

HOLASH, L M
270 NE 200 TER
NORTH MIAMI BEACH FL 33179

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 12, 2001, 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 Delete
NAME HOLASH, LISE M
STREET ADDRESS 270 NE 200 TERR.
CITY-ST-ZIP MIAMI FL 33179

TITLE Change Addition
NAME 200004619682-3
STREET ADDRESS -10/02/01--01020--006
CITY-ST-ZIP *****61.25 *****61.25

TITLE VD Delete
NAME OTIS, RICHARD F
STREET ADDRESS 270 N.E. 200 TERRACE
CITY-ST-ZIP MIAMI FL 33179

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

TITLE D Delete
NAME FERNANDEZ, MIGUEL A
STREET ADDRESS 2450 SW 137 AVE - 205
CITY-ST-ZIP MIAMI FL 33175

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME ~~MELECSINSKI DIANE M~~
STREET ADDRESS 515 N.W. 100 PLACE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE SD Change Addition
NAME Ballow Sandra
STREET ADDRESS 8757 Sw 41 St
CITY-ST-ZIP HLWD FL 33023

TITLE TD Delete
NAME KELLY, ROSE ANN IRAM SANTIAGO
STREET ADDRESS 17600 N.W. 5 AVENUE, APT. 742 675 Ives Dairy Rd
CITY-ST-ZIP MIAMI FL APT# 306 - N. MIAMI, FL. 33179

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

TITLE Delete
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: *[Signature]* 9/27/01

CR2E037 (5/01)