200	. OMI OMI BOOD	ALOO MELO	111 (0011)	<u>' </u>				
DO DU 1. Entity Nam	MENT # N33610	grow	- 1 1 FF F3					
SOUTH FLORIDA INTERNATIONAL ACADEMY, INC.				· ·	FILED			
Principal Place of Business Mailing Address					01 SEP 27 AM 8: 26			
850 IVES DAIRY RD. UNIT T51 MIAMI FL 33179		270 N.E. 200 TER. MIAMI FL 33179-2947 US		SECH TALL'A	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE! Number				
Zip Country		Zip Country			5 Contificate of Status Desired \$8.75 Additional			
	6. Name and Address of Current Re	enletered Agent		7 Name and Add	ress of New Registers	Fee Required	J	
6. Haine and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
HOLASH, L M			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
270 NE 200 TER NORTH MIAMI BEACH FL 33179								
TOTAL BRUSH SECTION CONTRACTOR			City	City FL Zip Code				
8. The above	named entity submits this statement for t	ne purpose of changing its r	egistered office or reg	gistered agent, or both, in	the state of Florida.	<u> </u>	F	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature re		DAT Make Che	eck Payable 1	to	
	ember 12, 2001, min. will be \$230		· • • —	\$5.00 May Be Added to Fees		nent of State		
10.	OFFICERS AND DIRE	стояѕ	11.		ES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLASH, LISE M 270 NE 200 TERR. MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200	1004615 -10/02/01 *****61.25		Addition 06 1.25 \	
TITLE NAME STREET ADDRESS	VD OTIS, RICHARD F 270 N.E. 200 TERRACE	☐ Delete	TITLE NAME STREET ADDRESS	2.17	LS	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33179 D FERNANDEZ, MIGUEL A 2450 SW 137 AVE - 205 MIAMI FL 33175	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELECSINSKI DIANE-M. 515 N.W. 100 PLACE PEMBROKE PINES FL	Delete	STREET ADDRESS	D allow Sandra 787 Sw 41 S Lwo Fr 330	+ ^ 2	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, ROSE ANN IRAM 17600 N.W. 5 AVENUE, APT. 742 MIAMI-FL MOTH 306 - N.O.	ANTIASO 675 EVEL DAILY MISSINI EL 331	TITLE NAME	3		Enange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
indicated of the cor	L certify that the information supplied with the lon this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with the content of th	ue and accurate and that my ered to execute this report a	v signature shall have	the same legal effect as it	f made under oath; that	l am an officer	or director	

SIGNATURE: