

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33765

1. Entity Name

COALITION FOR QUALITY EDUCATION, INC.

Principal Place of Business

Mailing Address

7441 SW 125 AVE  
MIAMI FL 33183  
US

7441 SW 125 AVE  
MIAMI FL 33183-3504  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0139700

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

COBO, FRANK J  
7441 SW 125 AVE  
MIAMI FL 33183

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

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 DP ☐ Delete  
NAME COBO, FRANK J  
STREET ADDRESS 7441 SW 125 AVE  
CITY-ST-ZIP MIAMI FL 33183

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

TITLE DT ☐ Delete  
NAME KAPLAN, PHYLLIS D  
STREET ADDRESS 11467-D S.W. 109 RD.  
CITY-ST-ZIP MIAMI FL 33176

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

TITLE D ☒ Delete  
NAME DOOLINN, BARBARA  
STREET ADDRESS 2281 SW 26 ST  
CITY-ST-ZIP MIAMI FL 33145

TITLE D ☒ Change ☐ Addition  
NAME Doolin, Barbara  
STREET ADDRESS 2281 S.W. 26 Street  
CITY-ST-ZIP Miami, FL 33145

TITLE D ☐ Delete  
NAME FEINBERG, ROSA CASTRO  
STREET ADDRESS 2660 SW 119 COURT  
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90097 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)