

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N33765**

1. Entity Name

COALITION FOR QUALITY EDUCATION, INC.

Principal Place of Business

**7441 SW 125 AVE
MIAMI FL 33183
US**

Mailing Address

**7441 SW 125 AVE
MIAMI FL 33183
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

**COBO, FRANK J
7441 SW 125 AVE
MIAMI FL 33183**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	COBO, FRANK J	7441 SW 125 AVE	MIAMI FL 33183	

TITLE	DT			<input type="checkbox"/> Delete
NAME	KAPLAN, PHYLLIS D			
STREET ADDRESS	11467-D S.W. 109 RD.			
CITY-ST-ZIP	MIAMI FL 33176			

TITLE	D			<input type="checkbox"/> Delete
NAME	DOOLIN, BARBARA			
STREET ADDRESS	2281 SW 26 ST			
CITY-ST-ZIP	MIAMI FL 33145			

TITLE	D			<input type="checkbox"/> Delete
NAME	FEINBERG, ROSA CASTRO			
STREET ADDRESS	2660 SW 119 COURT			
CITY-ST-ZIP	MIAMI FL 33175			

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS					
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Frank J. Cobo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90265 043 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)