

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90113 001 \*\*\*\*61.25

**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  
 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 **DOOLIN, BARBARA**  
 STREET ADDRESS **2281 SW 26 ST**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DOOLIN, BARBARA**  
 STREET ADDRESS **1009 CONCORD ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

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:

*Frank J. Cobo*  
**FRANK J. COBO**  
**PRESIDENT**

**4/27/02 305-2748855**

CR2E037 (9/01)