FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91499 004 ****61.25

2003 NOT-FOR-PROFIT CORPORATION 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 US

2. Principal Place of Business	3. Mailing Address
14410 S.W. 74 Street Suite, Apt. #, etc.	14410 S.W. 74 Street Suite, Apt. #, etc.
Miami, FL 33183 City & State	Miami, FL 33183 City & State
Miami, FL Zip / County	Mi[illegible]mi, FL Zip / Country
33183 Miami-Dade	33183 USA

☐ CHECK HERE IF MAKING CHANGES

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
14410 S.W. 74 Street
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Frank J Cobo April 23, 2003
(Signature, typed or printed name of individual and capacity or title if applicable) (NOTE: Registered Agent signature required if changing) 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: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COBO, FRANK J ~~7441 SW 125 AVE~~ ~~MIAMI, FL 33183~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Cobo, Frank J. 14410 S.W. 74 Steet Miami, FL 33183	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KAPLAN, PHYLLIS D 11467-D S.W. 109 RD. MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOOLIN, BARBARA 1009 CONCORD RD TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEINBERG, ROSA CASTRO 2660 SW 119 COURT MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 4/23/03 305-408-9827
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING AS OFFICER OR DIRECTOR — Date — Daytime Phone #