

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90003 047 ****70.00

0037364

DOCUMENT # N36273

1. Entity Name

WEINGART SCHOOL INC.

Principal Place of Business

Mailing Address

19101 NORTH BAY RD.
 SUNNY ISLES BEACH FL 33160

P.O. BOX 015472
 MIAMI FL 33101-5472

660454



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

990 N.E. 125th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

230

City & State

City & State

NORTH MIAMI-FL

Zip

Country

Zip

Country

33161

U.S.A.

4. FEI Number

65-0184103

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

JIMENEZ, ARGENIO
19101 NORTH BAY RD.
SUNNY ISLES BEACH FL 33160

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 **PD** ☐ Delete
 NAME **ARCENIO, MIMENEZ**
 STREET ADDRESS **19101 NORTH BAY RD.**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

TITLE **VD** ☐ Delete
 NAME **ARAUZ, GERRY G**
 STREET ADDRESS **19101 NORTH BAY RD.**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

TITLE **D** ☐ Delete
 NAME **VILLAGRAN, JUANA I**
 STREET ADDRESS **19101 NORTH BAY RD.**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 REQUIRED

04/28/2001

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/00)