

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90222 021 ****70.00

DOCUMENT # N41783

1. Entity Name

LA SCALA EDUCATIONAL ORGANIZATION, INC.



Principal Place of Business

499 E 21 ST
HIALEAH FL 33013
US

Mailing Address

499 E 21 ST
HIALEAH FL 33013
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 **65-0267457**

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

CAMEJO, GILDA
2560 W. 9TH LANE
HIALEAH FL 33010

Name CAMEJO, GILDA
Street Address (P.O. Box Number is Not Acceptable) 1330 N ROYAL POINCIANA BLVD
City MIAMI SPRINGS FL Zip Code 33166

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

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PSD
CAMEJO, GILDA
STREET ADDRESS 2560 W. 9TH LANE
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
NAME PSD
CAMEJO, GILDA
STREET ADDRESS 1330 N ROYAL POINCIANA BLVD
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Delete
NAME TD
PERLA, ARIAS
STREET ADDRESS 2010 W. 8TH AVE.
CITY-ST-ZIP HIALEAH FL 33010

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

TITLE ☒ Delete
NAME VD
ANTON, ANTHONY
STREET ADDRESS 844 N.W. 81ST TERR
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☒ Addition
NAME VD
LOUIS FERNANDEZ
STREET ADDRESS 2560 W 9 LANE
CITY-ST-ZIP HIALEAH FL 33010

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

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

REQUIRED

4/23/03 (325)
8885126

CR2E037 (10/02)