2000 UNIFORM BUSINESS REPORT (UBR)

Sep 19, 2000 8:00 am DOCUMENT # N46004 Secretary of State 1. Entity Name 09-19-2000 90001 015 ****70.00 THE DOMINICAN REPUBLIC EDUCATIONAL FOUNDATION, INC Principal Place of Business 2525 HARBOR BLVD. SUITE 305 2525 HARBOR BLVD.SUITE 305 -PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 3. Mailing Address - 2525 HARBOR BLVD. 2. Principal Place of Business 2525 HARBOR BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 305 SUITE 305 Applied For City & State 4. FEI Number City & State PORT CHARLOTTE, PORT CHARLOTTE 65-0312533 Not Applicable Zip 33952 Country Country \$8.75 Additional 5. Certificate of Status Desired 33952 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GIL, RAMON A. 2525 HARBOR BLVD., SUITE 305 PORT CHARLOTTE, FL 33952 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) Make Check Payable to FILE NOW: \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Delete DIRECTOR Change X Addition TITLE TITLE DELETE ANYTHING YOUR NAME GIL, RAMON A. NAME RECORDS SHOW HERE AND STREET ADDRESS 2525 HARBOR BLVD SUITE 305 STREET ADDRESS ADD ALL TO RIGHT. CITY - ST - ZIP PORT CHARLOTTE, FL 33952 CITY - ST - ZIP X Change X Addition DIRECTOR TITLE X Delete ARIZA, JOSE DEL CARMEN NAME NAME STREET ADDRESS 1715 22ND ST N.W. STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP WASHINGTON DC DIRECTOR TITLE Change Addition TITLE X Delete GUERRERO, FIRPO E. NAME NAME STREET ADDRESS 124 JACKSON ST STREET ADDRESS CITY - ST - ZIP NEWARK, NJ 07105 CITY - ST - ZIP DIRECTOR TITLE X Addition TITLE X Delete CERDA, RIGOBERTO NAME NAME STREET ADDRESS P.O. BOX 38 N/A STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP GILLETTE NJ DIRECTOR X Delete TITLE Change X Addition CROUCH, LOUIS A. NAME STREET ADDRESS P.O. BOX 38 N/A STREET ADDRESS RESEARCH TRI. PK NC CITY - ST - ZIP CITY - ST - ZIP X Change TITLE X Addition X Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears officer or director of the corpor

attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON A. GIL

FILED

9-12-00 941-743-4987

Daytime Phone #

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SIGNATURE

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The above named e	ntity submits this statement	for the purpose of changing	g its registered	d office or regist	tered agent, or b	oth, in the state of F	FL	- ^ <u>-</u>		
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