

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90001 015 ****70.00

DOCUMENT # N46004

1. Entity Name

THE DOMINICAN REPUBLIC EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2525 HARBOR BLVD. SUITE 305
 PORT CHARLOTTE, FL 33952**

**2525 HARBOR BLVD. SUITE 305
 PORT CHARLOTTE, FL 33952**

2. Principal Place of Business
2525 HARBOR BLVD.

3. Mailing Address
2525 HARBOR BLVD.

Suite, Apt. #, etc.
SUITE 305

Suite, Apt. #, etc.
SUITE 305

City & State
PORT CHARLOTTE, FL

City & State
PORT CHARLOTTE, FL

4. FEI Number
65-0312533

Applied For
 Not Applicable

Zip
33952

Country
USA

Zip
33952

Country
USA

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

**GIL, RAMON A.
 2525 HARBOR BLVD., SUITE 305
 PORT CHARLOTTE, FL 33952**

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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**DELETE ANYTHING YOUR
 RECORDS SHOW HERE AND
 ADD ALL TO RIGHT.** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**DIRECTOR
 GIL, RAMON A.
 2525 HARBOR BLVD SUITE 305
 PORT CHARLOTTE, FL 33952** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**DIRECTOR
 ARIZA, JOSE DEL CARMEN
 1715 22ND ST N.W.
 WASHINGTON DC** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**DIRECTOR
 GUERRERO, FIRPO E.
 124 JACKSON ST
 NEWARK, NJ 07105** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**DIRECTOR
 CERDA, RIGOBERTO
 P.O. BOX 38 N/A
 GILLETTE NJ** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**DIRECTOR
 CROUCH, LOUIS A.
 P.O. BOX 38 N/A
 RESEARCH TRI. PK NC** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☒ Delete

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

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:

RAMON A. GIL

9-12-00 941-743-4987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment # N46004

A0079585

The form we received from you in the mail was torn - so we used the copy.

DO NOT WRITE IN THIS SPACE

CR2 037 (9/99)