

FILED
Jun 19, 2002 8:00 am
Secretary of State

03-24-2002 90064 038 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47461

1. Entity Name

CENTRO EDUCATIVO CRECIENDO EN GRACIA, INC.

Principal Place of Business

Mailing Address

44 ZAMORA AVE
CORAL GABLES FL 33134
US

P. O. BOX 4846
HALEAH FL 33016
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

65-0487531

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

DE JESUS, JOSE LUIS
681 NE 159TH ST
NORTH MIAMI FL 33082

Name CARLOS CETERO

Street Address (P.O. Box Number is Not Acceptable)

44 ZAMORA AVE.

CORAL GABLES, FL

City

FL

Zip Code

33134

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

Jose L. De Jesus
President

March 5-02

March 5-02

FILE NOW: FEE IS \$81.25

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 ☐ Delete
NAME DE JESUS, JOSE LUIS
STREET ADDRESS 681 NE 159TH ST
CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
NAME CARLOS CETERO
STREET ADDRESS 44 ZAMORA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☒ Delete
NAME DE JESUS, NYDIA F
STREET ADDRESS 9895 N.W. 1 ST
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Change ☒ Addition
NAME RAFAEL ENCARNACION
STREET ADDRESS 3811 S.W. 160 AVE. #108
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☒ Delete
NAME DEJESUS, JOSE L. JR.
STREET ADDRESS 4140 SW 151 TERR
CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☐ Change ☐ Addition
NAME JOSE L. DE JESUS
STREET ADDRESS 44 ZAMORA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134 President

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)(f), 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:

JOSE L. DE JESUS
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

March 5-02 305-774-9484
Date Daytime Phone #