

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2002 8:00 am**
Secretary of State

04-22-2002 90310 006 ****61.25

DOCUMENT # N94000001327

1. Entity Name

PROGRAMA EDUCACIONAL DE TUTORIA, INC.

Principal Place of Business

Mailing Address

**1561 N. CHICKASAW TRAIL
ORLANDO FL 32823
US****P.O. BOX 677969
ORLANDO FL 32867-7969
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

59-3232125

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****PIMENTEL, HUBERTO
1561 N. CHICKASAW TRAIL
ORLANDO FL 32823****7. Name and Address of New Registered Agent**Name **Herminio Narvaez Jr.**

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

1561 N. Chickasaw TrailCity **Orlando****FL**Zip Code
32823

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **SANCHEZ, MARCIANO**
STREET ADDRESS **4601 TIFFANY WOODS CIRCLE**
CITY-ST-ZIP **OVIEDO FL**TITLE **VD** ☐ Delete
NAME **PEREZ, HILDA**
STREET ADDRESS **1126 PHEASANT CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL**TITLE **D** ☐ Delete
NAME **LOMONACO, SARA**
STREET ADDRESS **9249 SPRING VALE DR**
CITY-ST-ZIP **ORLANDO FL 32825**TITLE **D** ☐ Delete
NAME **ADORNO, CARMEN**
STREET ADDRESS **2013 TROPIC BAY COURT**
CITY-ST-ZIP **ORLANDO FL 32807**TITLE **T** ☐ Delete
NAME **CASTANO, JOSE L.**
STREET ADDRESS **7902 VIRGINIA PINE CT**
CITY-ST-ZIP **ORLANDO FL 32825**TITLE **S** ☐ Delete
NAME **DIXON, TRACEY**
STREET ADDRESS **4212 SHORE CREST DR**
CITY-ST-ZIP **ORLANDO FL 32804****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **D Janice R Sizemore** ☐ Change ☒ Addition
NAME **2419-2 Coach House Bld.**
STREET ADDRESS **Orlando, FL 32812**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)