

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

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90201 004 \*\*\*\*61.25

**DOCUMENT # N94000001327**

1. Entity Name

**PROGRAMA EDUCACIONAL DE TUTORIA, INC.**



Principal Place of Business

**1561 N. CHICKASAW TRAIL  
ORLANDO FL 32823  
US**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NARVAEZ, HERMINIO JR  
1561 N. CHICKASAW TRAIL  
ORLANDO FL 32823**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **SANCHEZ, MARCIANO**  
STREET ADDRESS **4601 TIFFANY WOODS CIRCLE**  
CITY-ST-ZIP **OVIEDO FL**

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

TITLE **VD** ☐ Delete  
NAME **PEREZ, HILDA**  
STREET ADDRESS **1126 PHEASANT CIRCLE**  
CITY-ST-ZIP **WINTER SPRINGS FL**

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

TITLE **D** ☐ Delete  
NAME **LOMONACO, SARA**  
STREET ADDRESS **9249 SPRING VALE DR**  
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **D** ☐ Delete  
NAME **ADORNO, CARMEN**  
STREET ADDRESS **2013 TROPIC BAY COURT**  
CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE **T** ☐ Delete  
NAME **CASTANO, JOSE L.**  
STREET ADDRESS **7902 VIRGINIA PINE CT**  
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **S** ☐ Delete  
NAME **DIXON, TRACEY**  
STREET ADDRESS **4212 SHORE CREST DR**  
CITY-ST-ZIP **ORLANDO FL 32804**

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: *Jose L. Castano* **QU/JOSE L. Castano** 5/1/03

CR2E037 (10/02)