

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001364

1. Entity Name

PUEENTE EDUCATIONAL INSTITUTE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90102 045 ****61.25

Principal Place of Business

Mailing Address

1101 BRICKELL AVE STE 1400
MIAMI FL 33131

1101 BRICKELL AVE STE 1400
MIAMI FL 33131-0117

2. Principal Place of Business

P.O. BOX 310101

3. Mailing Address

P.O. BOX 310101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0566284

Applied For

Not Applicable

Zip

Country

33231-0101

Zip

Country

33231-0101

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, JR., NICOLAS J ESQ
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

RAFAEL J. SANCHEZ-ABALLI

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

1101 Brickell Ave., Ste 1400

City

Miami

FL

Zip Code

33131

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

4/26/00

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

TITLE DV ☒ Delete
NAME NEJAIME, CHARLES N
STREET ADDRESS 1101 BRICKELL AVE STE 1400
CITY-ST-ZIP MIAMI FL 33131

TITLE DST ☒ Delete
NAME RODRIGUEZ, ERIC A
STREET ADDRESS 401 OCEAN BLVD., SUITE 824
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DP ☒ Delete
NAME GUTIERREZ, NICOLAS J JR
STREET ADDRESS 1101 BRICKELL AVE STE 1400
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME RAFAEL SANCHEZ-ABALLI ESQ.
STREET ADDRESS 1101 BRICKELL AVE STE 1400
CITY-ST-ZIP MIAMI FLORIDA 33131

TITLE DST ☐ Change ☒ Addition
NAME ARMANDO SANCHEZ-ABALLI
STREET ADDRESS 1101 BRICKELL AVE STE 1400
CITY-ST-ZIP Miami Florida 33131

TITLE DV DST ☐ Change ☒ Addition
NAME MARIA DOMINGUEZ
STREET ADDRESS 1101 BRICKELL AVE STE 1400
CITY-ST-ZIP Miami Florida 33131

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

TITLE ☐ Change ☐ Addition
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)(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

4/27/00

305.373.0330

Date

Daytime Phone #

CR2E037 (9/99)