

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90093 001 ***122.50

DOCUMENT # N95000001364

1. Entity Name

PUEENTE EDUCATIONAL INSTITUTE, INC.

Principal Place of Business

PO BOX 310101
 MIAMI FL 33231-0101

Mailing Address

PO BOX 310101
 MIAMI FL 33231-0101

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

65-0566284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, RAFAEL J ESQ
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Gutiérrez Jr, Esq. Nicolás J.**

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 **Nicolás J. Gutiérrez Jr., Esq., Registered Agent** DATE **4/15/02**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

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 **DP** ☐ Delete
 NAME **GUTIERREZ, NICHOLAS JR**
 STREET ADDRESS **1101 BRICKELL AVE STE 1400**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DVP** ☐ Delete
 NAME **PAU-LLOSA, RICARDO**
 STREET ADDRESS **1801 CORDOVA STREET**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DST** ☐ Delete
 NAME **BELL, HENRY**
 STREET ADDRESS **150 W 5TH FLAGLER STREET STE 1700**
 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 **D/P** ☒ Changes ☐ Additions
 NAME **Gutierrez Jr, Esq. Nicolas J., Esq.**
 STREET ADDRESS **1101 Brickell Avenue, 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
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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, or in all other like empowered.

SIGNATURE: **Nicolás J. Gutiérrez Jr., Esq.** DATE **4/15/02** (305) 373-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)