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

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DOCUMENT # N9500001364					11440				
1. Entity Name PUENTE EDUCATIONAL INSTITUTE, INC.					Y-5 AMII:				
Principal Place of Business Mailing Address			WEIR	SECH	ETARY OF STAT HASSEE, FLORI	F			
Principal Place of Business PO BOX 310101			IALI.A	HASSEE, FLORI	ĎΑ				
<del>O BOX 310101</del> 'P <del>O BOX 310101 '</del> I <del>IAMI FL 33231-0101 '</del> MI <del>AMI FL 33231-010</del> 1									
							IIII <b>8</b> 188 1881		
2. Principal Place of Bysiness SUBS S. BOYShove PC 3. Mailing Address S. BAYShove Dr									
Suite Apt. #, etc. Suite 200 Suite 200 Suite 200			<u>,                                    </u>	CHECK HERE IF MAKING CHANGES					
City & State MI FI	City & State Miami F1		4	4. FEI Number 65-0566284			Applied For Not Applicable		
Zip 33 133 COUNTY A.	233133 Country A.		}. 5	S. Certificate of Status Desired      See Required     See Required				1	
6. Name and Address of Curren	Registered Agent		7	. Name and Add	ress of New Register	red Agent		1	
GUTIERREZ NICKOLAS J ESO		Name	utiénte:	z,Jr., Esq	<u>., Nicolaś T</u>	<u>r.                                    </u>			
1101 BRICKELL AVE STE-1400				Box Number is 1	Not Acceptable)	•			
MIAMI-FL-33131			rand	Bay	Plaza Su	tero	2		
	,	City //	MIM	21		FL Zip Coo		1	
8. The above named entity submits this statement f	or the purpose of changing its re	egistered office o	or registered	agent, or both, in		<u> </u>	<u> </u>	1	
the obligations of registered agent									
SIGNATURE MODIAN SUTION	han Nicolasú	1. Guthern	ez Jr,	Ega Rea	Stered Age	NT 4/23/0	·3		
Signature, typed or printed name of registered agen	tand tille if applicable. (NOTE:	Registered Agent signal	<del></del>	n reinstating)	DA	TE	<u> </u>		
FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	•		5.00 May Be ded to Fees		eck Payable partment of t			
					, 101144 50	partition( 01 ·			
10. OFFICERS AND D	RECTORS Delete	11.	ADD	DITIONS/CHANG	S TO OFFICERS AND	DIRECTORS IN	I 10	ล	
NAME JOP NAME JOURNERREZ, NICOLAS JESQ-	□ Delete	TITLE NAME	GUTTE	RREZ, JR.	ESA., NICOLA 15hore DR	S T Change	☐ Addition	(10/05)	
STREET ADDRESS 4101 BRICKELL AVE STE 1400		STREET ADDRESS	246	55.00	ionore ur	, Suite	200	E037	
CITY-ST-ZIP MAAMI FL 33131	Delete	CITY-ST-ZIP	MIQ	mi, Fl	00103	<del></del>		122	
NAME PAU-LLOSA, RICARDO	Delete	NAME		iristaín,	EDUARDO	☐ Change	Addition	ပ	
STREET ADDRESS 1801 CORDOVA STREET		STREET ADDRESS	1841 8	3M 847 24	I		`		
CORAL GABLES FL 33134		CITY-ST-ZIP	MEAMO	, FL 331	\$			ļ	
TITLE DST NAME BELL, HENRY	☐ Detete	TITLE NAME				Change	☐ Addition		
STREET ADDRESS 150 W. 5TH FLAGLER STREET S	<del>TE 1700 -</del>	STREET ADDRESS	150 WE	ST FLACILE	R ST., STE.	1700			
CITY-ST-ZIP MIAMI-FL 33131		CITY-ST-ZIP	MIAIM	II, FL 3	3130				
TITLE	☐ Delete	TITLE NAME				☐ Change	Addition		
STREET ADDRESS		STREET ADDRESS							
CITY-ST-ZIP		CITY-ST-ZIP	Ļ						
TITLE NAME	☐ Delete	TITLE NAME		<u> 60</u>	001792	☐ Change	Addition		
STREET ADDRESS		STREET ADDRESS		05/05/	0301013	012 **10	328.75		
CITY-ST-ZIP		CITY-ST-ZIP							
TITLE	☐ Delete	TITLE				☐ Change	Addition		
NAME STREET ADDRESS		NAME STREET ADDRESS							
CITY-SI-ZIP		CITY-ST-ZIP	<u></u>			_		İ	
12. I hereby certify that the information supplied with indicated on this report or supplemental report in	n this filing does not qualify for the	ne exemption sta	ited in Section	n 119.07(3)(i), Flo	rida Statutes. I further	certify that the in	nformation or director		
of the corporation or the receiver or trustee emp changed, or on an attachment with an address,	owered to execute this report as	required by Cha	apter 617, Flo	orida Statutes; an	d that my name appea	rs in Block 10 or	Block 11 if		
Le Con Caralla of Land		= Thuhó	WUDT 1	JEGG D	esident 4	12/12/21	SIZENDA	<u>)</u> ))	
SIGNATURE: 1	MILAN VALLATION		1160	<u>, 17 , 17 , 17 , 17 , 17 , 17 , 17 , 17</u>	(T) .4	20100 (00	-1401-1004	טי	