

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001694

1. Entity Name

UNIVERSIDAD IBEROAMERICANA DE LIDERAZGO, INC.

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

03-04-2000 90056 037 ****61.25

Principal Place of Business

Mailing Address

14050 SW 84TH STREET
SUITE 201
MIAMI FL 33183

14050 SW 84TH STREET
SUITE 201
MIAMI FL 33183-4440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0751192

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MARKS, SR E BAILEY
STREET ADDRESS 100 SUNPORT LANE
CITY-ST-ZIP ORLANDO FL 32809

TITLE PRESIDENT + DIRECTOR ☒ Change ☐ Addition
NAME MARKS, SR. E. BAILEY
STREET ADDRESS 100 LAKE HART DRIVE
CITY-ST-ZIP ORLANDO FL 32832-0100

TITLE VD ☐ Delete
NAME SHARPLESS, JERRY
STREET ADDRESS 100 SUNPORT LANE
CITY-ST-ZIP ORLANDO FL 32809

TITLE VICE PRESIDENT + DIRECTOR ☒ Change ☐ Addition
NAME SHARPLESS, JERRY
STREET ADDRESS 100 LAKE HART DRIVE
CITY-ST-ZIP ORLANDO FL 32832-0100

TITLE STD ☐ Delete
NAME JUSTINIANO, ROLANDO
STREET ADDRESS 14050 S W 84TH STREET, STE 201
CITY-ST-ZIP MIAMI FL 33183

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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

Date

Daytime Phone #

CR2E037 (9/99)