

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90071 011 ****61.25

DOCUMENT # N97000002553

1. Entity Name

SOMERSET ACADEMY, INC.

Principal Place of Business

Mailing Address

**12425 SW 53RD ST
 MIRAMAR FL 33027**

**6255 BIRD ROAD
 MIAMI FL 33155**

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

65-0770346

Applied For

Not Applicable

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

**ZULUETA, IGNACIO
 6255 BIRD RD.
 MIAMI FL 33155**

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 ☐ Delete
 NAME **PC**
 STREET ADDRESS **ZULUETA, FERNANDO**
 CITY-ST-ZIP **6255 BIRD RD.
 MIAMI FL 33155**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Zulueta, Fernando**
 CITY-ST-ZIP **6255 Bird Road
 MIAMI, FL 33155**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ZULUETA, IGNACIO G**
 CITY-ST-ZIP **6255 BIRD ROAD
 MIAMI FL 33155**

TITLE ☒ Change ☐ Addition
 NAME **T/UP**
 STREET ADDRESS **Zulueta, Ignacio**
 CITY-ST-ZIP **6255 Bird Road
 MIAMI, FL 33155**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HUI FANG SO, ED.D, ANGIE**
 CITY-ST-ZIP **2150 ARECA PALM RD.
 BOCA RATON FL 33432**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JACOBY, RUTH ED.D**
 CITY-ST-ZIP **9866 NW 19TH ST
 CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DEUTSCH, PETER CONGRES**
 CITY-ST-ZIP **10100 PINES BLVD.
 PEMBROKE PINES FL 33026**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **FRESEN, MAGDALENA**
 CITY-ST-ZIP **1412 EL RADO ST
 CORAL GABLES FL 33134** *"see Attached for Directors"*

TITLE ☒ Change ☐ Addition
 NAME **S/V**
 STREET ADDRESS **magdalena fresen**
 CITY-ST-ZIP **6255 Bird Road
 Miami, FL 33155**

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:

Magdalena Fresen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02 (305) 609-2900

CR2E037 (9/01)

Attachment

OFFICERS AND DIRECTORS (CONT'D)

TITLE:	DIRECTOR
NAME:	ALEJANDRA SALIMA ABELLO, M.S. ED.
STREET ADDRESS:	5786 SW 97 TH STREET
CITY-STATE-ZIP:	MIAMI, FLORIDA 33156

#94000002553

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