

FILED
May 07, 2003 8:00 am
Secretary of State

03-27-2003 90093 028 ****70.00

05-07-2003 90138 036 ****70.00

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

80115064

DOCUMENT # N97000002553					
1. Entity Name SOMERSET ACADEMY, INC.					
Principal Place of Business 12425 SW 53RD STREET MIAMI, FL 33027			Mailing Address 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 ZULUETA, IGNACIO 6255 BIRD RD. MIAMI, FL 33155			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when returning.) 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 Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ZULUETA, FERNANDO		NAME	Abello, Salima	
STREET ADDRESS	6255 BIRD RD.		STREET ADDRESS	6255 Bird Road	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, FL 33155	
TITLE	TV	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ZULUETA, IGNACIO		NAME	Williams, Carmen	
STREET ADDRESS	6255 BIRD ROAD		STREET ADDRESS	6255 Bird Road	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACOBY, RUTH ED.D		NAME		
STREET ADDRESS	9866 NW 19TH ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEUTSCH, PETER CONGRES		NAME		
STREET ADDRESS	10100 PINES BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	SV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRESEN, MAGDALENA		NAME		
STREET ADDRESS	1412 EL RADO ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUI FANG SO, ANGIE ED.D.		NAME		
STREET ADDRESS	2150 ARECA PALM RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		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 517, 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: <i>Magdalena Fresen</i>			4/30/03 (305) 669-2906		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		