

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91177 034 ****61.25



DOCUMENT # N98000003002

1. Entity Name

FLORIDA INTERNATIONAL ACADEMY, INC.

Principal Place of Business

**13250 NW 28TH AVE
OPA LOCKA FL 33054-4831
US**

Mailing Address

**1982 LEWIS TURNER BLVD
SUITE D
FORT WALTON BEACH FL 32547
US**

2. Principal Place of Business

**7630 Biscayne Blvd
Suite, Apt. #, etc.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33138

Country

US

Country

4. FEI Number

65-0839367

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JAMES-BIGOT, DIANE
1062 NE 209TH TERR
MIAMI FL 33179**

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
NAME **PHILLIPS, VANCE**
STREET ADDRESS **3171 NW 135TH ST**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **D** Delete
NAME **MARTIN, DESDEMONA**
STREET ADDRESS **8628 MIRAMAR BLVD**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** Delete
NAME **COX, SHARON**
STREET ADDRESS **3251 NW 171 TERRACE**
CITY-ST-ZIP **CAROL CITY FL 33056**

TITLE **D** Delete
NAME **ALEXANDER, DONNIE L**
STREET ADDRESS **20220 NW 3RD COURT**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** Delete
NAME **GREEN, NELSON R**
STREET ADDRESS **1595 NE 135TH STREET, APT 438**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
NAME **Hall, Anthony**
STREET ADDRESS **16800 NW 2nd Avenue Suite 510**
CITY-ST-ZIP **N Miami Beach, FL 33169**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Change Addition
NAME **Alexander, Donnie L**
STREET ADDRESS **9851 SW 13th Court**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE **D** Change Addition
NAME **Green, Nelson**
STREET ADDRESS **1595 NE 135th Street Apt. 404**
CITY-ST-ZIP **Miami, FL 33161**

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 REQUIRED

4/14/3

CR2E037 (10/02)