

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003283

1. Entity Name

ASOCIACION DE EX-ALUMNAS COLEGIO SAN JORGE DE MI



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90005 036 ****61.25

Principal Place of Business 5951 N. KENDALL DRIVE MIAMI FL 33156	Mailing Address 5951 N. KENDALL DRIVE MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

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 650853412	APPLIED FOR	Applied For
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERTI, MARIA T
 5951 N. KENDALL DRIVE
 MIAMI FL 33156

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete BERTI, MARIA T 5951 S KENDALL DR MIAMI FL 33156
TITLE D	<input checked="" type="checkbox"/> Delete FORONDA, MARGARETHE 1114 NW 136 PL MIAMI FL 33184
TITLE D	<input checked="" type="checkbox"/> Delete MABONADO, MARIA C 5981 SW 88 ST MIAMI FL 33156
TITLE D	<input checked="" type="checkbox"/> Delete VACCARI, LUCIA 13431 SW 92 ST MIAMI FL 33186
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WYSS, Judith 15401 SW 77 Ave. MIAMI FL 33157
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Del Castillo Rocio 1716 N.W. 73 Ave PLANTATION, FL 33313
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GREENE, Rocio 7906 N.W. 73 Terrace TAMARAC, FL 33321
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VARGAS, LILIANA 4600 SW 154th MIAMI FL 33185
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date: 8-20-00 (205) 658918

CR2E037 (5/00)