2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # N98000004262 1. Entity Name THE MATER CENTER SCHOOL, INC. 03-21-2000 90012 030 ****61.25 Principal Place of Business Mailing Address 6255 BIRD RD 7700 NW 98TH ST MIAMI| FL 33155-4883 HIALEAH GARDENS FL 33016 627171 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0857507 Not Applicable Zip Zip! Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZULUETA, IGNACIO G ESQ 6255 BIRD ROAD MIAMI FL 33155 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 112 11. 10. Addition ☐ Change Delete TITLE TITLE ROMAN, MIRIAM NAME NAME STREET ADDRESS STREET ADDRESS 6255 BIRD ROAD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Addition TITLE ☐ Delete Change CASTELLS, MATILDE NAME STREET ADDRESS 6255 BIRD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33155 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME ORTEGA, JOSE STREET ADDRESS STREET ADDRESS 6255 BIRD ROAD CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33155** Change ☐ Addition TITLE ☐ Delete TITLE NAME BALART, LINCOLN D NAME STREET ADDRESS STREET ADDRESS 6255 BIRD ROAD CITY-ST-ZIP CITY-ST-ZIF MIAMLFL 33155 Change ☐ Addition TITLE Delete TITLE NAME NAME ZULUETA, FERNANDO J STREET ADDRESS STREET ADDRESS 6255 BIRD ROAD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete TITLE Change ☐ Addition TITLE NAME FRESEN, MAGDALENA NAME STREET ADDRESS 6255 BIRD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** 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 in earn 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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: