

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004262

1. Entity Name

MATER ACADEMY, INC.

Principal Place of Business

7700 NW 98TH ST
HIALEAH GARDENS FL 33016

Mailing Address

6255 BIRD RD
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

65-0857507

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 G ESQ
6255 BIRD ROAD
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 V ☐ Delete
NAME ROMAN, MIRIAM
STREET ADDRESS 6255 BIRD ROAD
CITY-ST-ZIP MIAMI FL 33155

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

TITLE D ☐ Delete
NAME CASTELLS, MATILDE
STREET ADDRESS 6255 BIRD ROAD
CITY-ST-ZIP MIAMI FL 33155

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

TITLE T ☐ Delete
NAME ORTEGA, JOSE
STREET ADDRESS 6255 BIRD ROAD
CITY-ST-ZIP MIAMI FL 33155

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

TITLE D ☒ Delete
NAME BALART, LINCOLN D
STREET ADDRESS 6255 BIRD ROAD
CITY-ST-ZIP MIAMI FL 33155

TITLE D ☒ Change ☒ Addition
NAME Zulueta, Ignacio
STREET ADDRESS 6255 Bird Road
CITY-ST-ZIP Miami, FL 33155

TITLE P ☐ Delete
NAME ZULUETA, FERNANDO J
STREET ADDRESS 6255 BIRD ROAD
CITY-ST-ZIP MIAMI FL 33155

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

TITLE S ☐ Delete
NAME FRESEN, MAGDALENA
STREET ADDRESS 6255 BIRD ROAD
CITY-ST-ZIP MIAMI FL 33155

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:

MAGDALENA FRESEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/29/2001 (305) 669-5411

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90282 026 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)