

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004262

1. Entity Name

MATER ACADEMY, INC.

Principal Place of Business

Mailing Address

7700 NW 98TH ST
HIALEAH GARDENS FL 33016

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 ESO
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 NAME STREET ADDRESS CITY-ST-ZIP	V ROMAN, MIRIAM 6255 BIRD ROAD MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLS, MATILDE 6255 BIRD ROAD MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTEGA, JOSE 6255 BIRD ROAD MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULUETA, IGNACIO 6255 BIRD ROAD MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZULUETA, FERNANDO J 6255 BIRD ROAD MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRESEN, MAGDALENA 6255 BIRD ROAD MIAMI FL 33155	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/VP Zulueta, Ignacio 6255 Bird Road Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/VP Fresen, Magdalena 6255 Bird Road Miami, FL 33155	<input checked="" 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:

Magdalena Fresen

2/19/02

(05) 669-2906

CR2E037 (9/01)

Attachment

329492

OFFICERS AND DIRECTORS (CONT'D)

#N98000004262

TITLE: DIRECTOR
NAME: ROLANDO LLANES
STREET ADDRESS: 5910 SW 35TH STREET
CITY-STATE-ZIP: MIAMI, FLORIDA 33155

TITLE: DIRECTOR
NAME: RUTH JACOBY, PH.D.
STREET ADDRESS: 9866 NW 19TH STREET
CITY-STATE-ZIP: CORAL SPRINGS, FLORIDA 33071

TITLE: DIRECTOR
NAME: ALEJANDRO REMOS
STREET ADDRESS: 6883 SW 112TH STREET
CITY-STATE-ZIP: PINECREST, FLORIDA 33156

TITLE: DIRECTOR
NAME: HENRI PFERDMENGES
STREET ADDRESS: 310 WEST DILIDO DRIVE
CITY-STATE-ZIP: MIAMI BEACH, FLORIDA 33139