

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90026 032 ****70.00

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

☐ CHECK HERE IF MAKING CHANGES



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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LLANES, ROLANDO	
STREET ADDRESS	5910 SW 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBY, RUTH PHD	
STREET ADDRESS	9866 NW 19TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	REMOS, ALEJANDRO	
STREET ADDRESS	6883 SW 112TH STREET	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZULUETA, FERNANDO J	
STREET ADDRESS	6255 BIRD ROAD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SV	<input type="checkbox"/> Delete
NAME	FRESEN, MAGDALENA	
STREET ADDRESS	6255 BIRD ROAD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TV	<input type="checkbox"/> Delete
NAME	ZULUETA, IGNACIO	
STREET ADDRESS	6255 BIRD ROAD	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rita del Puppo	
STREET ADDRESS	7700 NW 98 Street	
CITY-ST-ZIP	Hialeah Gardens, FL 33016	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henri Pferdmenges	
STREET ADDRESS	6255 Bird Road	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stacy Magdalesna

4/30/03 (303)669-2906

CR2E037 (10/02)