

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90012 007 \*\*\*\*61.25

**DOCUMENT # N99000000174**

1. Entity Name

**360 INTERNATIONAL SCHOOL OF THOUGHT, INC.**

*R*

Principal Place of Business

11267 SOUTHWEST 88TH STREET  
SUITE J-101  
MIAMI FL 33176

Mailing Address

11267 SOUTHWEST 88TH STREET  
SUITE J-101  
MIAMI FL 33176-1129

2. Principal Place of Business

*2234 sw 132ct.*

3. Mailing Address

*PMB 319, 8306 Mills Drive*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Miami, FL*

City & State  
*Miami, FL*

4. FEI Number  
*65-0888198*

☒ Applied For  
☐ Not Applicable

Zip  
*33175*

Country  
*USA*

Zip  
*33183*

Country  
*USA*

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

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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  
**PD**  
**OSORIO, CHRISTIAN** ☐ Delete  
**11267 SOUTHWEST 88TH STREET**  
**MIAMI FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**FARRAD, CHRISTIAN** ☒ Change ☐ Addition  
**14321 SW 88th F409**  
**Miami, FL 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**PASQUIER, CONSTANTINO** ☐ Delete  
**11267 SOUTHWEST 88TH STREET**  
**MIAMI FL 33176**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**PASQUIER, ROBERTO J** ☐ Delete  
**11267 SOUTHWEST 88TH STREET**  
**MIAMI FL 33176**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**ARIAS, MARTHA ASST.** ☐ Delete  
**11267 SOUTHWEST 88TH STREET**  
**MIAMI FL 33176**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**CORDERO, JOHN** ☒ Delete  
**11267 SOUTHWEST 88TH STREET**  
**MIAMI FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**Monasterios, Ardisse** ☒ Change ☐ Addition  
**17611 SW 115 Ave**  
**Miami, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

*Christian Farrad* **Christian Farrad, President/Director 05/13/00 305-658-0757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)