

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # N99000002751

1. Entity Name

NOVA TERRA CHARTER SCHOOLS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90080 034 \*\*\*\*61.25

Principal Place of Business	Mailing Address
% GRAU AND COMPANY, P.A. 111 NE FIRST ST., 5TH FLOOR MIAMI FL 33132	% GRAU AND COMPANY, P.A. 111 NE FIRST ST., 5TH FLOOR MIAMI FL 33132-2517

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 65-0920364	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, MANUEL M  
% GRAU AND COMPANY, P.A.  
111 NE FIRST ST., 5TH FLOOR  
MIAMI FL 33132

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	PRE/DIRECTOR	<input type="checkbox"/> Delete
NAME	MANUEL GARCIA	
STREET ADDRESS	1528 Palermo Avenue	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	SEC/TREAS/DIRECTOR	<input type="checkbox"/> Delete
NAME	Luis Quintero	
STREET ADDRESS	1045 N.E. 204th Lane	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CAROLINA GARCIA	
STREET ADDRESS	1528 Palermo Ave.	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

*Manuel Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 (305) 373-0123  
Date Daytime Phone #

CR2E037 (9/99)