

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90241 048 \*\*\*\*61.25

**DOCUMENT # N99000002751**

1. Entity Name

**NOVA TERRA CHARTER SCHOOLS, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0920364**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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)

**410 GRAU AND COMPANY, P.A.  
1110 BRICKELL AVE, APARTHOUSE 2**

City

**MIAMI,****FL**

Zip Code

**33131**

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **GARCIA, MANUEL**  
CITY-ST-ZIP **1528 PATERITO AVE**  
**CORAL GABLES FL 33134**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **121 CRANDON BLVD, Unit 149**  
CITY-ST-ZIP **Key Biscayne, FL 33149**TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **QUADRADO, LAIS**  
CITY-ST-ZIP **1045 NE 204TH LN**  
**NORTH MIAMI BCH FL 33179**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GARCIA, CAROL M**  
CITY-ST-ZIP **1528 PALERMO AVE**  
**CORAL GABLES FL 33134**TITLE ☒ Change ☐ Addition  
NAME **GARCIA, CAROLINA C**  
STREET ADDRESS **121 CRANDON BLVD, Unit 149**  
CITY-ST-ZIP **Key Biscayne, FL 33149**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)