

2000 UNIFORM BUSINESS REPORT (UBR)

3/23/21

FILED
Jun 19, 2000 8:00 am
Secretary of State

03-21-2000 90080 040 ****61.25

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1. Entity Name

NUEVA ESCUELA ARGENTINA DE LA FLORIDA, INC.

R

Principal Place of Business

12871 SW 117 STREET
 MIAMI FL 33186

Mailing Address

12871 SW 117 STREET
 MIAMI FL 33186-4653

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

65-0923391

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

OLMAN, MABEL
 12871 SW 117 STREET
 MIAMI FL 33186

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 restateing)

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: PRESIDENT **D**
 NAME: OLMAN, MABEL
 STREET ADDRESS: 12871 SW 117 STREET
 CITY-ST-ZIP: MIAMI FL 33186 Delete

TITLE: VICE PRESIDENT **T**
 NAME: RAUL POPRETKIN
 STREET ADDRESS: 5825 Collins Ave, Apt. 5B
 CITY-ST-ZIP: MIAMI BEACH, FL 33140 Delete

TITLE: SECRETARY **T**
 NAME: JAIME PAL
 STREET ADDRESS: 701 BRICKELL KEY BLVD., #1203
 CITY-ST-ZIP: MIAMI, FL 33131 Delete

TITLE: TREASURER **D**
 NAME: MABEL OLMAN
 STREET ADDRESS: 12871 S.W. 117ST.
 CITY-ST-ZIP: MIAMI, FL 33186 Delete

TITLE: Delete

TITLE: Delete

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: 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)(f), 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 B17, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, for all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MABEL OLMAN

3/16/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)