

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90034 001 ****61.25

DOCUMENT # N99000003297

1. Entity Name

NUEVA ESCUELA ARGENTINA DE LA FLORIDA, INC.

Principal Place of Business

Mailing Address

12871 SW 117 STREET
 MIAMI FL 33186

12871 SW 117 STREET
 MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0923391

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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.

I

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	PD OLMAN, MABEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12871 SW 117 STREET MIAMI FL 33186	
TITLE NAME	VP POPRIKIN, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5825 COLLINS AVE; APT 5B MIAMI BEACH FL 33140	
TITLE NAME	ST JAIME, PAL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	701 BRICKELL KEY BLVD #1203 MIAMI FL 33131	
TITLE NAME	TD OLMAN, MABEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12871 S.W. 117 ST MIAMI FL 33186	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CR2E037 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-02