


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**90066246**

<b>DOCUMENT # N99000003297</b>				
1. Entity Name <b>NUEVA ESCUELA ARGENTINA DE LA FLORIDA, INC.</b>				
Principal Place of Business 12871 SW 117 STREET MIAMI, FL 33186		Mailing Address 12871 SW 117 STREET MIAMI, FL 33186 <i>737 Almeria Av. Apt 3 CORAL GABLES - FL 33134</i>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number <b>05-0923391</b>
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable
5. 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 <b>FL</b> 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 am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when missing)</small>				
<b>FILE NOW: FEE IS \$81.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLMAN, MABEL		NAME	
STREET ADDRESS	12871 SW 117 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPRIKIN, PAUL		NAME	
STREET ADDRESS	5825 COLLINS AVE, APT 5B		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIME, PAL		NAME	
STREET ADDRESS	701 BRICKELL KEY BLVD #1203		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLMAN, MABEL		NAME	
STREET ADDRESS	12871 S.W. 117 ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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)(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 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: _____			Date: <b>3/28/03</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

CR2E037 (10/02)