

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90077 035 ***61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000003658

1. Entity Name

MIAMI-DADE INTERNATIONAL ACADEMY CORP.

Principal Place of Business

Mailing Address

2450 SW 137TH AVENUE STE 201
 MIAMI FL 33175

2450 SW 137TH AVENUE STE 201
 MIAMI FL 33175-6312

2. Principal Place of Business

2450 S.W. 137th Ave #205

3. Mailing Address

2450 S.W. 137th Ave Ste 205

Suite, Apt. #, etc.

Miami

Suite, Apt. #, etc.

Miami

City & State

FL

City & State

FL

4. FEI Number

65-0926410

Applied For

Not Applicable

Zip

33175

Country

Miami-Dade

Zip

33175

Country

Miami-Dade

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

FERNANDEZ, MIGUEL A
 2450 SW 137TH AVENUE STE 201
 MIAMI FL 33175

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **FERNANDEZ, MIGUEL A**
 CITY-ST-ZIP **12833 SW 20TH TERR
 MIAMI FL 33175**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PEREZ, MIRTHA**
 CITY-ST-ZIP **12833 SW 20TH TERR
 MIAMI FL 33175**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BILINEAU, ANA**
 CITY-ST-ZIP **1159 WEST 23RD STREET
 HIALEAH FL 33010**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Daima FERNANDEZ**
 CITY-ST-ZIP **12833 S.W. 20 Ter.
 Miami, FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 RECMITTEE / A. FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)