2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State
08-16-2001 90003 041 ****61.25

DOCUMENT # N99000003658

1. Entity Name
MIAMI-DADE INTERNATIONAL ACADEMY CORP.

Principal Place of Business
2450 S.W. 137th Ave STE 201
Miami, Fl 33175

Mailing Address

A0081459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2450 S.W. 137th Ave	
Suite, Apt. #, etc. #205	Suite, Apt. #, etc.
City & State Miami Fl	City & State
Zip 33175 Country USA	Zip Country

4. FEI Number 65-0926410 ☐ 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
Miguel A. Fernandez 2450 S.W. 137th Ave #205 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	FERNANDEZ, Miguel A 12833 S.W. 20th Terr. Miami, Fl 33175 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Perez, Jose' I 12833 S.W. 20 Terr. Miami, Fl 33175 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FERNANDE, Daima 12833 S.W. 20th Terr. Miami, Fl 33175 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PEREZ, Mieta 12833 S.W. 20 Terr. Miami, Fl 33175 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bilineau, Ana 193 N Short Dr Miami, Fl 33141 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: _____ 8/9/01 305-726-7287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ck # 1179