2/28/21

FILED
Apr 25, 2001 8:00 am
Secretary of State

02-28-2001 90056 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104901

1. Entity Name
DADE COUNTY SOUTH QUALITY EDUCATION COMMITTEE, I

2665 S.

Principal Place of Business
4665 S BAYSHORE DR. STE 1200
COCONUT GROVE FL 33133-5401

266

Mailing Address
4665 S BAYSHORE DR. STE 1200
COCONUT GROVE FL 33133-5401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2665 S. Bayshore Dr	
Suite, Apt. #, etc. #1200	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33133 — County Dade	Zip — Country

4. FEI Number — [X] 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
SISSER, ERIC 2665 2665 S BAYSHORE DR, STE 1200 COCONUT GROVE FL 33133-5401	Name Eric R Sisser Street Address (P.O. Box Number is Not Acceptable) 2665 S Bayshore Dr #1200 City Miami FL Zip Code 33133

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES Eric R. Sisser 2665 S. Bayshore Dr ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	#1200 Miami FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-16 2001 305-285-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #