

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000876 AV

DOCUMENT # P01000005098

1. Entity Name

MARCELINO CHAMPAGNAT SCHOOL, INC.

FILED

02 NOV 15 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5320 SW 151 PLACE  
MIAMI FL 33185-4007

Mailing Address

5320 SW 151 PLACE  
MIAMI FL 33185-4007

2. Principal Place of Business

11718 SW 143 CT

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33186

USA

Zip

Country

REINSTATEMENT 02  
DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1071405

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTRO, JAVIER  
5320 SW 151 PLACE  
MIAMI FL 33185-4007

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11718 SW 143 CT

City

MIAMI

FL

Zip Code

33186

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

*[Signature]*

JAVIER CASTRO

8/12/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	CASTRO, JAVIER	
STREET ADDRESS	5320 SW 151 PLACE	
CITY-ST-ZIP	MIAMI FL 33185-4007	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUARTE, ELIZABETH	
STREET ADDRESS	5320 SW 151 PLACE	
CITY-ST-ZIP	MIAMI FL 33185-4007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11718 SW 143 CT	
STREET ADDRESS	MIAMI, FL 33186	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11718 SW 143 CT	
STREET ADDRESS	MIAMI, FL 33186	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02 (305) 752-5156



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 31, 2002

MARCELINO CHAMPAGNAT SCHOOL, INC.  
11718 SW 143 CT  
MIAMI, FL 33186

SUBJECT: MARCELINO CHAMPAGNAT SCHOOL, INC.  
Ref. Number: P01000005098

We have received your document for MARCELINO CHAMPAGNAT SCHOOL, INC. and your check(s) totaling \$550.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please be advised that we are unable to honor your request for waiver, or reduction, of the late fees, or penalties. The corporation failed to respond by the due date, as a result, the corporation has been administratively dissolved or revoked. You will need to reinstate the corporation and pay all applicable fees.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2002 corporate annual report/uniform business report form in a timely manner. To reinstate the corporation you must submit the attached reinstatement application or annual report/uniform business report form and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$61.25 filing fee for the current year, and \$88.75 corporate supplemental fee for the current year.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

There is a balance due of \$200.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 002A00059818