

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90176 012 ***150.00

DOCUMENT # P01000059584

1. Entity Name
SPANISH WORLD INSTITUTE, INC.

Principal Place of Business
1725 MAIN STREET, SUITE 205
WESTON FL 33326

Mailing Address
1725 MAIN STREET, SUITE 205
WESTON FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1539 Winterberry Lane
 Suite, Apt. #, etc.

3. Mailing Address
1539 Winterberry Lane
 Suite, Apt. #, etc.

City & State
Weston Florida

City & State
Weston Florida

4. FEI Number ☐ Applied For
☒ Not Applicable

Zip
33327

Country
U.S.A

Zip
33327

Country
U.S.A

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARIAS TOVAR, ILEANA
1725 MAIN STREET, SUITE 205
WESTON FL 33326

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
LOPEZ, ANA SOFIA
1725 MAIN STREET, SUITE 205
WESTON FL 33326 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPSD
OTERO, ARTURO
1725 MAIN STREET, SUITE 205
WESTON FL 33326 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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:

Ana Sofia Lopez de Otero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)