

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90054 020 ***150.00

DOCUMENT # PO10000070278
1. Entity Name West Dade Academy ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12455 SW 51 St
Suite, Apt. #, etc.

3. Mailing Address
10950 SW 34 St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, FL City & State Miami, FL 4. FEI Number 651130309 Applied For
Not Applicable
Zip 33175 Country U.S.A Zip 33165 Country U.S.A 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Hector Aldana
Street Address (P.O. Box Number is Not Acceptable) 13837 SW 15 St
Miami FL
City Miami State FL Zip Code 33184

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 Hector M Aldana
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>President</u>	NAME <u>Hector Aldana</u>	TITLE	
STREET ADDRESS <u>13837 SW 15 St</u>	CITY-ST-ZIP <u>Miami FL 33184</u>	STREET ADDRESS	
TITLE <u>Vice President</u>	NAME <u>Maria Decuze</u>	TITLE	
STREET ADDRESS <u>17837 SW 151 Ave</u>	CITY-ST-ZIP <u>Miami FL 33187</u>	STREET ADDRESS	
TITLE <u>Secretary</u>	NAME <u>Aida Aldana</u>	TITLE	
STREET ADDRESS <u>13837 SW 15 St</u>	CITY-ST-ZIP <u>Miami FL 33184</u>	STREET ADDRESS	
TITLE <u>Treasurer</u>	NAME <u>Christine Santana</u>	TITLE	
STREET ADDRESS <u>12455 SW 51 St</u>	CITY-ST-ZIP <u>Miami FL 33175</u>	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hector M Aldana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Duration: _____