

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90892 020 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701000101276

1. Entity Name

ACADEMIA I, CORP

663979

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2742 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami FL

4. FEI Number

65-1148627

Applied For

Not Applicable

Zip

Country

Zip

Country

33137

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

OSCAR GRISALES-PACINI

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

999 Brickell Avenue

Suite 700

City

Miami

FL

Zip Code

33131

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 filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/2002

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 \$850.00

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	NAME	STREET ADDRESS	CITY-STATE-ZIP
PD	Eduardo Roberto Bruckman		
VD	Viviana Nora Zlotolow de Bruckman		
SD	Viviana Nora Zlotolow de Bruckman		

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2002

Date

Daytime Phone #

CR2E034B (12/01)