

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-25-2003 90102 033 ***150.00

P02000013609

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013609

1. Entity Name

BILINGUAL EDUCATION CORP.



Principal Place of Business
2701 S.W. 10 STREET SUITE #109
MIAMI FL 33135

Mailing Address
2701 S.W. 10 STREET SUITE #109
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-141 3333

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINOZA, RODRIGO
2701 S.W. 10 STREET SUITE #109
MIAMI FL 33135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DE OLARTE, ANDRES
2701 S.W. 10 STREET SUITE #109
MIAMI FL 33135

☐ Delete

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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MONTENEGRO, CARIDAD
2701 S.W. 10 STREET SUITE #109
MIAMI FL 33135

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

2052

September 10, 2003.

Florida Department Of. State
Division Of. Corporations

Reference Number: P02000013609

Bilingual Education Corp. has not received any previous notice regarding the annual payment of report/uniform business.

Please make sure that you have my correct address :
2701 S.W. 10 St. Apt. # 109
Miami FL 33135

Attached you will find my payment of US. \$ 150.00 for the annual payment of report/uniform business.

Please rescind the late payment fee of. US.\$ 400.00 as I've never got a payment notice.

Sincerely,



Andres de Olarte
Director