

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90142 015 ***150.00

DOCUMENT # P02000076850

1. Entity Name
LOS PINOS NUEVOS CHRISTIAN SCHOOLS CORP.



Principal Place of Business
1325 W 30 ST
HIALEAH FL 33012

Mailing Address
1325 W 30 ST
HIALEAH FL 33012

2. Principal Place of Business
1325 W 30 ST
Suite, Apt. #, etc.

3. Mailing Address
1325 W 30 ST
Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number
61-142 0192

Applied For
Not Applicable

Zip
33126

Country
USA

Zip
33126

Country
USA

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

6. Name and Address of Current Registered Agent

SALCERIO, ELIECER
8340 NW 10 ST STE G-7
MIAMI FL 33126

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **SALCERIO, SURELYS**
STREET ADDRESS **1325 W 30 ST**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE **VST** ☐ **Delete**
NAME **SALCERIO, ELIECER**
STREET ADDRESS **1325 W 30 ST**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SURELYS Salcerio

04/04/03 (305)265-3269
Date Daytime Phone #

CR2E034 (10/02)