FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P02000080752* ≈ ⸱ ⸱ ⸝

1. Entity Name
AMERICAN ACADEMY
E-HIGH SCHOOL, CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	**3.** Mailing Address
720 NW 27AVE	720 NW 27 AVE
Suite, Apt. #, etc. 2ND FLOOR	Suite, Apt. #, etc. 2ND FLOOR
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33/25 Country USA	Zip 33/25 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☑ Applied For
☐ Not Applicable

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 J. SUAREZ

Street Address (P.O. Box Number is Not Acceptable)
720 NW 27 AVE

City MIAMI   FL   Zip Code 33/25

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 X _____   3/7/3

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1 / May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE CEO/P	TITLE
NAME S. S. BARZAGA	NAME
STREET ADDRESS 720 NW 27 AVE	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33/25	CITY-ST-ZIP
TITLE D	TITLE
NAME AMERICAN ACADEMY HIGH, CORP	NAME
STREET ADDRESS 720 NW 27AVE, 3RD FL	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33/25	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
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CITY-ST-ZIP	CITY-ST-ZIP

CR2E034B (12/02)

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

SIGNATURE: _S. S. Barzaga, CEO/President_   3/7/3   (305)643-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #