

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90048 029 ****61.25

DOCUMENT # P31674

1. Entity Name

**ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA
, INC.**

Principal Place of Business

**14750 NW 77 CT
STE 210
MIAMI LKS FL 33016
US**

Mailing Address

**14750 NW 77 CT
STE 210
MIAMI LKS FL 33016
US**

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

58-1333760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAGG, K. LAWRENCE
WHITE & CASE
200 S. BISCAYNE BLVD., 50TH FLOOR
MIAMI FL 33131**

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **TULLY, DAVID**
STREET ADDRESS **CAIXA POSTAL 7432**
CITY-ST-ZIP **SAO PAULO, BRAZIL 01064**

TITLE **STD** ☐ Change ☒ Addition
NAME **Lamb, Elsa**
STREET ADDRESS **Avenida España 1175**
CITY-ST-ZIP **Asunción, Paraguay**

TITLE **ED** ☐ Delete
NAME **MORRIS, JAMES W**
STREET ADDRESS **14750 NW 77 CT., STE 210**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Klumpp, Dennis**
STREET ADDRESS **Serde Colorado**
CITY-ST-ZIP **Aruba, Dutch Caribbean**

TITLE **D** ☒ Delete
NAME **FARR, ROBERT M**
STREET ADDRESS **APARTADO AEREO 52962**
CITY-ST-ZIP **BARRANQUILLA, COLOMBIA**

TITLE **D** ☐ Change ☒ Addition
NAME **Barba, Susan**
STREET ADDRESS **manuel Benigno Cueva N80-190**
CITY-ST-ZIP **Carcelen, Quito, Ecuador**

TITLE **VD** ☒ Delete
NAME **STROMMEN, CLIFFORD**
STREET ADDRESS **CASILA 16211 CORREO 9**
CITY-ST-ZIP **SANTIAGO CHILE**

TITLE **PP** ☐ Change ☒ Addition
NAME **Frank Anderson**
STREET ADDRESS **Calle Zuloaga Cruce**
CITY-ST-ZIP **Valencia, Venezuela**

TITLE **D** ☐ Delete
NAME **SARGENT, WIN**
STREET ADDRESS **APARTADO 62-170**
CITY-ST-ZIP **CARACAS, VENEZUELA 1060-**

TITLE **VP** ☒ Change ☐ Addition
NAME **Sargent, Win**
STREET ADDRESS **Apartmento 62-170**
CITY-ST-ZIP **Caracas, Venezuela**

TITLE **STD** ☒ Delete
NAME **HEATHERINGTON, MARY JO**
STREET ADDRESS **LOTEAMENTO PATAMARES**
CITY-ST-ZIP **SALVADOR BAHIA BRAZIL**

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 617, 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**

4/15/02

305-821-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)