

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046198

1. Entity Name

THE CORAL GABLES SCHOOL FOR CHILDREN, INC.

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90022 020 \*\*\*150.00

021272 AV

Principal Place of Business

45 ALMERIA AVE.  
CORAL GABLES FL 33134  
US

Mailing Address

45 ALMERIA AVE.  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0410029

Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JOSE A  
5821 SW 31ST ST.  
MIAMI FL 33155

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.

SIGNATURE

*Pres. Director*  
*Jose A. Lopez / Ena P. Lopez*  
Signature, typed or printed name of registered agent and title if applicable. ENA P. LOPEZ

1/14/02  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	LOPEZ, JOSE A	5821 SW 31ST ST.	MIAMI FL 33155	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LOPEZ, ENA P	5821 SW 31ST ST.	MIAMI FL 33155	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jose A. Lopez / Ena P. Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOSE A. LOPEZ ENA P. LOPEZ

1/14/02  
Date

305  
4487521  
Daytime Phone #

CR2E034 (9/01)