2001 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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epartment of State

DOCUMENT # P94000048312

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1. Entity Name

INSTITUTO ESCUELA, INC.

2. Principal Place of Business

SWANSON, VIVIEN L

2522 SW 27TH AVE. OCALA FL 34474

9. This corporation is eligible to satisfy its Intangible

ALVARADO, ANSELMO

DE ALVARADO, ANTONIETA L

2522 SW 27TH AVE.

2522 SW 27TH AVE.

OCALA FL 34475

OCALA FL 34475

Tax filing requirement and elects to do so.

(See criteria on back)

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

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TITLE

NAME

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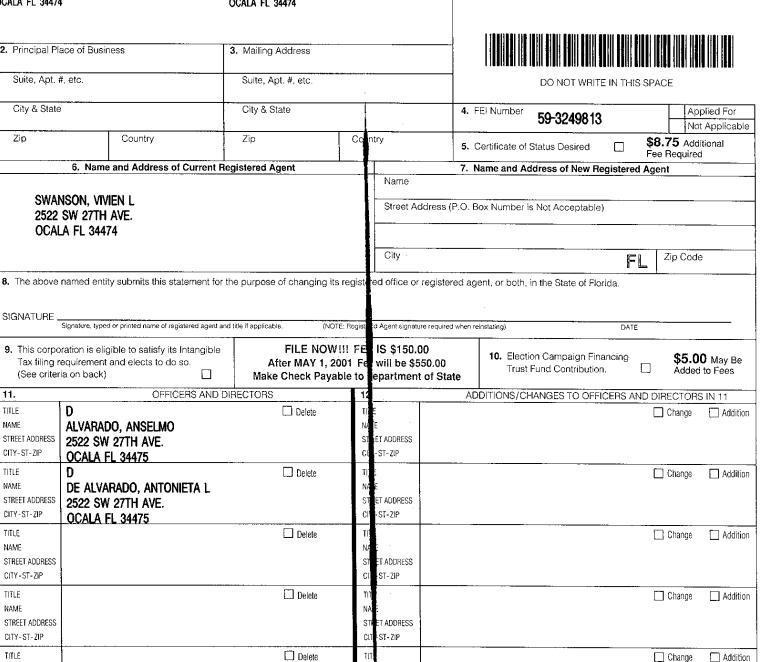
NAME STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 2522 SW 27TH AVE. 2522 SW 27TH AVE. OCALA FL 34474 OCALA FL 34474

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90128 038 ***150.00



13.	I hereby certify that the information supplied with this filling does not qualify for the ex-	enption 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 signs	dure shall have the same legal effect as if made under path; that I am an officer or director
	of the corporation or the receiver or trustee empowered to execute this report as requ	uled by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12
	changed, or on an attachment with an address, with all other like empowered.	•

2-51-01

☐ Change

Daytime Phone #

Addition