

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018566

1. Entity Name

ACADEMY OF INTERNATIONAL STUDIES ABROAD A.I.S.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90290 028 ***158.75

Principal Place of Business

Mailing Address

6033 VENETIAN BLVD NE
ST PETERSBURG FL 33703

6033 VENETIAN BLVD NE
ST PETERSBURG FL 33703-1807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

13622 7th AVE. C.R. N.E.

Suite, Apt. #, etc.

PO BOX 20572

City & State

BRADENTON, FL

City & State

ST. PETERSBURG, FL

Zip

Country

34202

Zip

Country

33742-0572

4. FEI Number

59-3367318

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

BACON, DAVID A
2959 1ST AVE N
ST PETERSBURG FL 33713

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

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, 2000 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	STD	<input type="checkbox"/> Delete
NAME	RUCH, AIXA G	
STREET ADDRESS	6033 VENETIAN BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENITO, JAIME S.	
STREET ADDRESS	9725 S.W. 21ST TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DE CELIS, JOSE L	
STREET ADDRESS	CALLE COMPANIA, 65	
CITY-ST-ZIP	37008 SALAMANCA, SPAIN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aixa G. Ruch
AIXA G. RUCH

Date

Daytime Phone #

1/12/2000 727-521-2627

CR2E034 (9/99)