

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90101 031 \*\*\*158.75

0451869 AV

**DOCUMENT # P96000018566**

1. Entity Name

**ACADEMY OF INTERNATIONAL STUDIES ABROAD A.I.S.A.  
 , INC.**

Principal Place of Business

**13622 7TH AVE. CIR. N.E.  
 BRADENTON FL 34202**

Mailing Address

**P.O. BOX 20572  
 ST. PETERSBURG FL 33742-0572**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3367318**

Applied For

Not Applicable

Zip

**34212**

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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, 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**STD  
 RUCH, AIXA G  
 13622 -7TH AVE. CIR. N.E.  
 BRADENTON FL ~~34202~~**



**CHANGE OF  
 ZIP CODE  
 ONLY**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VD  
 BENITO, JAIME S.  
 9725 S.W. 21ST TERR.  
 MIAMI FL**



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PD  
 DE CELIS, JOSE L  
 CALLE COMPANIA, 65  
 37008 SALAMANCA, SPAIN**



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition  
**OF ZIP CODE  
 ONLY**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**AIXA G. RUCH** 1/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**941-708-6697**

**724-403-8312**

Daytime Phone #

CR20024 (9/01)