

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000006926**1. Entity Name  
8520 SCHOOL HOUSE ROAD, INC.Principal Place of Business  
8520 SCHOOL HOUSE RD  
MIAMI FL 33143 US  
Mailing Address  
P. O. BOX 141102  
CORAL GABLES FL 33114 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0731523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASVIDAL MERCEDES  
201 ALHAMBRA CIRCLE  
SUITE 1401  
CORAL GABLES FL 33134

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 **MERCEDES C. MASVIDAL****04/24/2001**

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, 2001 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 VP ☐ Delete  
NAME MASVIDAL RAUL  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 1401  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE VP ☒ Change ☐ Addition  
NAME MASVIDAL RAUL P  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 1401  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE PD ☐ Delete  
NAME MASVIDAL MERCEDES  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 1401  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE PD ☒ Change ☐ Addition  
NAME MASVIDAL MERCEDES C  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 1401  
CITY-ST-ZIP CORAL GABLES FL 33134TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: Mercedes C. Masvidal

PD

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)