## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Name	MENT # <b>P970000</b> 6 academies of America, in				Secretar 04-13-2000 900	y of Sta	ate
Principal Place	e of Business	Mailing Address					
420 LINCOLN R SUITE #432		420 LINCOLN RD SUITE #432					
MIAMI BEACH FL 33139 US		MIAMI BEACH FL 33139-3014 US			r Leading at hi a kalan 100ki Abrill Addir Addir A	48118 61181 81111 <b>61818</b> 611	IE HSCHON
•	i de la companya de	3. Mailing Address					
420 Lincoln Road Suite, Apt. #, etc.		P. O. Box 191768  Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
Suite 335 City & State		City & State		<b>4.</b> F	El Number <b>65-0806077</b>	<del></del>	plied For
Miami Zip	Beach, FL Country	Miami, FL	Country			\$9.75 Add	t Applicable litional
33139	USA 6. Name and Address of Current Re	33119-1768	USA		Certificate of Status Desired  Name and Address of New Regist	Fee Required	
	6. Name and Address of Current He	gistered Agent	Name			ered Agent	
PLC INVESTMENTS INC.  Street Address				ddress (P.O. B	Investments, Inc. (P.O. Box Number is Not Acceptable)		
420 LINCOLN RD SUITE #432					ncoln Road		
MIAMI BEACH FL 33139			City	Suite :		FL Zip Code	30
9 The above	named entity submits this statement for the	he purpose of changing its re	agistered office or	Miami I		<u>• •   3313</u>	
6. The above	Harried entity submits this statement for the	the purpose of onlying its to	gatered amor or	109/0/0/00 49			}
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE: I	Registered Agent signate	re required when re	sinstating)	DATE	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		Election Campaign Financir     Trust Fund Contribution.	+	May Be to Fees
11.	OFFICERS AND DI	<u> </u>	12.		DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11
TITLE NAME	D Cejas, Pablo L	☐ Delete	TITLE NAME	Presid	lent/Director	X Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	8300 NW 53RD ST., STE. 308 MIAMI FL 33166		STREET ADDRESS CITY-ST-ZIP		ncoln Road, Suite Beach, FL 33139	335	
TITLE	D NEITZEL, JULIE L	∑ Delete	TITLE			Change	Addition 1
NAME STREET ADDRESS	8300 NW 53RD ST., STE. 308		NAME STREET ADDRESS		ncoln Road, Suite	335	
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP		Beach, FL 33139 or and Secretary	X Change	☐ Addition
TITLE NAME	MOÑTERO, HILDA	_ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		- Addition
STREET ADDRESS CITY-ST-ZIP	420 LINCOLN RD SUIT 432 MIAMI BEACH FL 33139		STREET ADDRESS CITY-ST-ZIP		ncoln Road, Suite : Beach, FL 33139	227	İ
TITLE	MINIM DEACHTE 30109	□ Delete	TITLE	<del>_</del> ,	<del></del>	☐ Change	Addition
NAME			NAME STREET ADDRESS				ŀ
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME	l		☐ Change	☐ Addition
STREET ADDRESS	•		STREET ADDRESS				ĺ
CITY-ST-ZIP		- 1- 600	CITY-ST-ZIP	ad in 0 '-	110 07/2\(i)\ Florido Centro I I - 11	hor portify that the in	oformation
indicated of the cor	certify that the information supplied with the on, this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	rue and accurate and that my rered to execute this report a	/ signature shall h	ave the same.	legal effect as if made under oath:	that I am an officer	or director 1

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-531-5220 Daytime Phone #