

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90165 012 \*\*\*150.00

DOCUMENT #P98000048179

1. Entity Name

Apple Seed Montessori School, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7755 N.W. 178<sup>th</sup> St.

3. Mailing Address

7755 N.W. 178<sup>th</sup> St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number

65-0838885

Applied For  
Not Applicable

Zip

33015

Country

U.S.A.

Zip

33015

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Martinez, Clara

Street Address (P.O. Box Number is Not Acceptable)

7755 N.W. 178<sup>th</sup> Street

City

Miami

FL

Zip Code

33015

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
P  
Scotto, Dora O.  
5221 N.W. 195 Terrace  
Miami, FL 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Martinez, Clara B.  
18100 N.W. 82nd Court  
Miami, FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
Scotto, Hugo  
5221 N.W. 195 Terrace  
Miami, FL 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE Dora O. Scotto Dora O. Scotto (x) 04-2602 (x) 305-6231291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #