2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052012 Mar 29, 2000 8:00 am **Secretary of State** KINDER PREP SCHOOL, INC. 03-29-2000 90081 019 ***150.00 Principal Place of Business Mailing Address 13754 SW 152ND ST. 13754 SW 152ND ST. MIAMI FL 33177-1162 **MIAMI FL 33177** O O O X A O O D. 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0843947 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOBELS, XIOMARA Street Address (P.O. Box Number is Not Acceptable) 13754 SW 152ND ST. MIAMI FL 33177 Zin 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE [] Change Addition | TITLE Delete CASADO, EUNICE V NAME NAME 8411 SW 163RD PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** ☐ Change ☐ Addition TITLE ☐ Delete NOBELS, XIOMARA NAME STREET ADDRESS 8391 SW 163RD PLACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE CASADO, FRANCISCO NAME NAME 8411 SW 163RD PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** Change Addition ☐ Delete TITLE. THE **NOBELS. JUAN** NAME NAME STREET ADDRESS 8393 SW 163RD PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

3 27/00 (305)969-3011