

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051430

Entity Name

LA ACADEMIA GROUP, INC.

FILED  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90033 044 \*\*\*150.00

Principal Place of Business 27 SOUTHWEST 28TH LANE FL 33133	Mailing Address 3044 SOUTHWEST 28TH LANE MIAMI FL 33133-3500
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813657



DO NOT WRITE IN THIS SPACE

Principal Place of Business 244 S.W. 28th L.	3. Mailing Address 3044 S.W. 28th L.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FLA	City & State MIAMI, FLA
Zip 33133	Country USA

4. FEI Number 65-0924885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD MATA, MIGUEL A 3001 SOUTHWEST 28TH LANE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
V RICOTE, FRANCISCO L 3001 SOUTHWEST 28TH LANE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
V MATA, CARLOS E 3001 SOUTHWEST 28TH LANE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
T RIVERO, GABRIELA 3001 SOUTHWEST 28TH LANE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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	Feb. 14 <sup>th</sup> , 2000 Date	305-567-1722 Daytime Phone #
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CR2E034 (9/99)