

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90076 040 ***158.75

DOCUMENT # P99000001720

1. Entity Name

Academica Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6255 Bird Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

65-0944595

Applied For

Not Applicable

Zip

33155

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Fernando J. - Zulueta -

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

6255 Bird Road

City

Miami

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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 P/D
NAME Fernando J. Zulueta
STREET ADDRESS 6255 Bird Road
CITY - ST - ZIP Miami, FL 33155

TITLE V
NAME Ignacio G. Zulueta
STREET ADDRESS 6255 Bird Road
CITY - ST - ZIP Miami, FL 33155

TITLE V/S
NAME Magdalena Freser
STREET ADDRESS 6255 Bird Road
CITY - ST - ZIP Miami, FL 33155

TITLE T
NAME Rosanne Wright
STREET ADDRESS 6255 Bird Road
CITY - ST - ZIP Miami, FL 33155

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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: Magdalena Freser Magdalena Freser 2/25/2002 (305) 664-8906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)