2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2000 8:00 am
Secretary of State
05-26-2000 90066 035 ***550.00

DOCUMENT # P99000077153

1. Entity Name
AMERICAN ACADEMY HIGH SCHOOL CORPORATION

Principal Place of Business	Mailing Address
1490 W.49TH PLACE SUITE 498 HIALEAH FL 33012	1490 W.49TH PLACE SUITE 498 HIALEAH FL 33012-3148

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2742 SW 8 ST	2742 SW 8 ST
Suite, Apt. #, etc.: SUITE 211	Suite, Apt. #, etc.: SUITE 211
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33135 Country: USA	Zip: 33135 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SEIDMAN, MARVIN B ESQ.
5818 SW 8TH
MIAMI FL 33144

7. Name and Address of New Registered Agent
Name: SUAREZ, J. Carlos, L.
Street Address (P.O. Box Number is Not Acceptable): 2742 SW 8 ST #211
City: Miami FL Zip Code: 33135

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] DATE: 8/11/00
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
NAME	SUAREZ, J.		
STREET ADDRESS	5818 SW 8TH STREET		
CITY-ST-ZIP	MIAMI FL 33144		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

CR2E034 (9/99)

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] 9/18/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #