

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2002

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90323 021 ***158.75

DOCUMENT # V23727
 1. Entity Name
Coral Park Day school

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9400 SW 16 st
 Suite, Apt. #, etc.

3. Mailing Address
9400 SW 16 st
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
 Zip
33165
 Country
USA

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 Zip
33165
 Country
USA

4. FEI Number 65-0325701
 Applied For
 Not Applicable

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 Diequez Marysabel

Street Address (P.O. Box Number is Not Acceptable)
325 NW 136 ct

City Miami FL Zip Code 33182

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.)

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 P Diequez, Marysabel
 STREET ADDRESS 325 NW 136 CT
 CITY-ST-ZIP Miami, FL 33182

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME S Diequez, Jose
 STREET ADDRESS 325 NW 136 CT
 CITY-ST-ZIP Miami, FL 33182

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME T Diequez, Michelle
 STREET ADDRESS 325 NW 136 CT
 CITY-ST-ZIP Miami, FL 33182

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 305-553-4333
 Date Daytime Phone #