

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90060 004 ***158.75

DOCUMENT # P00000066537

1. Entity Name

INDUSTRIAL TRAINING CENTER, INC.

Principal Place of Business
**18978 NORTHWEST 57TH AVENUE
SUITE 108
MIAMI LAKES FL 33015**

Mailing Address
**PO BOX 1741457
HIALEAH FL 33017-4157
US**

2. Principal Place of Business

4081 NW 167 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip
33055

Country

DOG

Zip

Country

4. FEI Number

65-1032819

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign/Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
LORA, ERNESTO
18978 NORTHWEST 57TH AVENUE
MIAMI LAKES FL 33015**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
LORA, BERKIS
18978 NORTHWEST 57TH AVENUE
MIAMI LAKES FL 33015**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
LORA, BERKIS
5405 HW 158 TER #106
MIAMI, FL 33014**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
LORA, BERKIS
5405 HW 158 TER #106
MIAMI, FL 33014**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

12. 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 10 or Block 11 if changed, 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

Date

Daytime Phone #

CR2E034 (10/02)