

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90892 036 ***150.00

DOCUMENT # P01000121275

1. Entity Name

IT TRAINING CENTER, INCORPORATED

Principal Place of Business

**19632 EAST COUNTRY CLUB DRIVE
 AVENTURA FL 33180**

Mailing Address

**19632 EAST COUNTRY CLUB DRIVE
 AVENTURA FL 33180**

2. Principal Place of Business

12335 PEMBROKE ROAD

3. Mailing Address

12335 PEMBROKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

4. FEI Number

26-0006174

Applied For

Not Applicable

Zip

Country

33025 USA

Zip

Country

33025 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROZENTAL, CLAUDIO
 19632 EAST COUNTRY CLUB DRIVE
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **ROZENTAL, CLAUDIO**

Street Address (P.O. Box Number is Not Acceptable)
3141 NE 211 STREET

City **AVENTURA**

FL

Zip Code **33180**

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

C Rozental

CLAUDIO ROZENTAL

4/11/02

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.

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LEVI, FERNANDO	16480 SOUTH POST ROAD APT 201	WESTON FL 33331	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D, VP, S	LEVI, JULIO FERNANDO	928 FALLING WATER ROAD	WESTON FL 33326	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D, P, T	ROZENTAL, CLAUDIO	3141 NE 211 STREET	AVENTURA FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

954-895-5384

Daytime Phone #

CR2E034 (9/01)