## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## F09733 **DOCUMENT #**

1. Entity Name

SOUTH FLORIDA TECHNICAL INSTITUTE, INC.

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## **FILED** Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90082 007 \*\*\*150.00

						S WE TO	7						
Principal Place of Business  1 N.E. 19 ST.  SUITE 300  MIAMI FL 33132 US		Mailing Address 1 N.E. 19 ST. SUITE 300 MIAMI FL 33132 US											
2. Principal	Place of Busin	ness	<b>3.</b> Mai	iling Address				{	<b>a</b> 1111 <b>a a</b> 11 <b>1</b> 1 <b>0</b> 111 1 <b>1</b>	<b>180</b>   1108   1111 (11		#14 B18#1 B18#1 18#1	
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	ite		City	City & State				4. FEI Number 59-2330359 Applie					
Zip		Country	Zip		Countr	у	5.	Certificate o	of Status Desire		\$8.75		
	6 Name	and Address of Current	t Registers	ad Acent	1						Fee Requ	ired	
		and Address of Current				Name ~ ~	~~	rame and	Address of Ne	w negistere	a Agent		
	, frank X. .w. 60th a'	VENI IE				Street Addres	s (P.O. E	Box Number	is Not Accept	able)			
MIAMI FI		VEHOL									,,		
						City				F	Zip C	ode	
SIGNATURE	Signature, typed	or printed name of registered agent	t and title if app	dicable. (NO	TE: Registered A	Agent signature requ	ired when re	ainstating)		DATE	<u> </u>	<del></del>	
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 Florida Department o		,					tion Campaigr t Fund Contrib	· ·		.00 May Be led to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AC	DITIONS/C	HANGES TO	OFFICERS A	ND DIRECTO	DRS IN 11	
TITLE Name Street address City-St-Zip		Frank X. W. 60th Avenue 33156		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 12	2929	S.W.	ANK X. 60th <i>A</i> 33156-		X Chang	e	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		MARJORIE L. 9TH ST, STE #300 33132		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS	Lami	,		- / 1 / ()	☐ Chang	e	
TITLE Name Street adoress City-St-Zip	ST MARTEL, 12929 SV MIAMI FL	60 AVENUE		XI Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP	<u></u>				□. Change	e ☐ Addit <u>io</u> n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS		<del></del>			☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET	ADDRESS 1- Zip					Change	Addition	
CITY-ST-ZIP	1												

of the corporation or the received 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 algorithm like empowered.

**SIGNATURE**?

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 3, 2003

305-576-0326

Daytime Phone #