2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800000120

1. Entity Name

TRAINING SOLUTIONS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

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.

6498 NW 38TH WAY BOCA RATON FL 33496

Suite, Apt. #, etc.

City & State

Zip

6498 NW 38TH WAY BOCA RATON FL 33496-4075

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90041 015 ***150.00



GENENDER, RICHARD M 6498 N.W. 38TH WAY BOCA RATON FL 33496

Country

6. Name and Address of Current Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)	•••	
City	I .	Zıp Code

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Change Addition ☐ Delete TITLE TITLE GENENDER, CARLA E NAME NAME STREET ADDRESS STREET ADDRESS 6498 N.W. 38TH WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition Change ☐ Delete TITLE GENENDER, RICHARD M NAME NAME STREET ADDRESS 6498 N.W. 38TH WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

Country

3. 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 attackment with an address, with all other like empowered.

SIGNATURE:

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Genender, Corp. Secretary

02/20/00 561-912-

Daytime Phone #

9191