

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90113 001 \*\*\*150.00

0006040 AV

**DOCUMENT # K46573**

1. Entity Name  
**STOCKBROKERS TRAINING SCHOOL, INC.**



Principal Place of Business  
**10850 SOUTHWEST 113TH PLACE  
SUITE 107  
MIAMI FL 33176**

Mailing Address  
**10850 SOUTHWEST 113TH PLACE  
SUITE 107  
MIAMI FL 33176**

2. Principal Place of Business  
**2200 VETERANS BLVD.**

3. Mailing Address  
**2200 VETERANS BLVD.**

Suite, Apt. #, etc.  
**SUITE 115**

Suite, Apt. #, etc.  
**SUITE 115**

City & State  
**KENNER, LA**

City & State  
**KENNER, LA**

Zip  
**70062**

Country  
**U.S.A.**

Zip  
**70062**

Country  
**U.S.A.**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FOSTER, DEWITT M  
12640 SW 114TH AVENUE  
MIAMI FL 33176**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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	<b>PSD MORADEL, ALBERTO R 1721 MISSOURI AVE. KENNER LA 70062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORADEL, ANA 1721 MISSOURI AVE. KENNER LA 70062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD MORADEL, JACOB L 8737 24TH ST. METAIRIE LA 70003</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/29/03**

**504-465-9000**

Daytime Phone #

CR2E034 (4/03)

Attachment 80144500

STOCKBROKERS



TRAINING SCHOOL

August 29, 2003

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2003 for Profit Corporation  
Uniform Business Report (UBR)  
Document # K46573  
Stockbrokers Training School, Inc.  
Request to Waive Late Fee

Ladies and Gentlemen:

Stockbrokers Training School, Inc. hereby requests that the late fee be waived since we did not received the prior notice. The reason could be due to our move from the State of Florida to the State of Louisiana. Reference is made to the enclosed copy of the current notice address page received as evidence of the move.

Also enclosed are the updated and completed 2003 Uniform Business Report and our check #1240 dated August 29, 2003 for the original filing fee of \$150.00.

Your favorable consideration to our request to waive the late fee will be greatly appreciated.

Sincerely,

Alberto R. Moradel  
President  
Stockbrokers Training School, Inc.

Enclosures