2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # L27068 May 12, 2001 8:00 am 1. Entity Name Secretary of State International Consulting and Training 05-12-2001 90008 047 ***150.00 Principal Place of Business Mailing Address 175 Fontainebleau Blvd. 175 Fontainebleau Blvd. Suite 2k3 Suite 2k3 Miami, Fl. 33172 Miami, Fl. 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 65-0156120 Country Country Zio Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sanchez, Arturo J Street Address (P.O. Box Number is Not Acceptable) 175 Fontainebleau Blvd., Suite 2k3 Miami, Fl. 33172 Zip Code City FL 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 3RZE034 (11/00) Detete TITLE HALF Sanchez, Arturo J STREET ADDRESS STREET ADDRESS 175 Fontainebleau Blvd.#2k3 CITY-ST-ZIP CITY-ST-ZP Miami, Fl. 33172 ☐ Addition TITLE ☐ Debete TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Delete ☐ Change ■ Addition TITLE MALA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Addition TITLE ☐ Defete TITLE ☐ Channe MAKE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Chance TITLE ☐ Detete TITLE MAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZEP TITLE ☐ Delete ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 addusts, with all other like empowered. white **4**/26/01 (305) 225-3155 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayume Phone