

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90175 025 ***150.00

DOCUMENT # L27068

1. Entity Name
INTERNATIONAL CONSULTING AND TRAINING FOR PRODUCTIVITY, CORP.



Principal Place of Business
**175 FONTAINEBLEAU BLVD., SUITE #2K3
MIAMI FL 33172**

Mailing Address
**175 FONTAINEBLEAU BLVD., SUITE #2K3
MIAMI FL 33172**



2. Principal Place of Business
175 Fontainebleau Blvd.

3. Mailing Address
175 Fontainebleau Blvd.

Suite, Apt. #, etc.
Suite 1G2

Suite, Apt. #, etc.
Suite 1G2

City & State
Miami, FL

City & State
Miami, FL

Zip
33172

Country
USA

Zip
33172

Country
USA

4. FEI Number
65-0156120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, ARTURO J
175 FONTAINEBLEAU BLVD., SUITE #2K3
MIAMI FL 33172**

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)

4/21/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, ARTURO J 175 FONTAINEBLEAU BLVD., SUITE #2K3 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

305-225-3155

Date

Daytime Phone #

CR2E034 (10/02)