

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002201

FILED
Jun 23, 2009
Secretary of State

Entity Name: URBAN TRAINING NETWORK, INC.

Current Principal Place of Business:

390 NE 88TH STREET
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530541
MIAMI, FL 33153

New Mailing Address:

FEI Number: 03-0416196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAX TEAM INC
C/O STEVEN DANIELSON
8569 PINES BLVD. STE 214
PEMBROKE PINES, FL 33024 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARRINGTON, PATRICK
Address: 390 NE 88TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: WILLIAMS, PETRE-ANN
Address: 1380 SW 105 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: HORNSBY, RICHARD
Address: 3991 EAST RIDGEVIEW
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: LOVELOCK, CHARLES
Address: 15746 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33028

Title: D () Delete
Name: MASON, MARION
Address: 9454 SW 146TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: PUGA, EUNICE
Address: 4030 S.W. 107 CT
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARRINGTON, PATRICK T
Address: 390 NE 88TH STREET
City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK CARRINGTON

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date