2001 UNIFORM BUSINESS REPORT..(UBR)

DOCUMENT # N94000002805

1. Entity Name

BINATIONAL STUDENT SERVICE, INC.

Principal Place of Business	Mailing Address
C/O PLM: 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131	C/O PLM: 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

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.

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 $61.25**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **DP** NAME **SYDOR, MARCOS A** STREET ADDRESS **AVENIDA CORDOBE 859, PISO 8 "A"** CITY-ST-ZIP **(1054) BUENOS AIRES, ARGENT.**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DS** NAME **DEMARCO, CAROLINA** STREET ADDRESS **AVENIDA CORDOBE 859, PISO 8 "A"** CITY-ST-ZIP **(1054) BUENOS AIRES, ARGENT.**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **SCHMIDT, CRISTINA** STREET ADDRESS **AVENIDA CORDOBE 859, PISO 8 "A"** CITY-ST-ZIP **(1054) BUENOS AIRES, ARGENT.**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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 REMARCOS ANDRES SYDOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #