

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001512

1. Entity Name

THE SOUTH FLORIDA EMPLOYMENT TRAINING AND DEVELO

Principal Place of Business

Mailing Address

~~100 S.E. 2ND ST., STE 2800~~
~~MIAMI FL 33131-2144~~

~~100 S.E. 2ND ST., STE 2800~~
~~MIAMI FL 33131-2144~~

650 NE 88th Terr.
Miami, FL 33138

650 NE 88th Terr.
Miami, FL 33138

2. Principal Place of Business

3. Mailing Address

650 NE 88 Terrace
Suite, Apt. #, etc.

650 NE 88th Terrace
Suite, Apt. #, etc.

City & State

Miami, FL 33138

City & State

Miami, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

31-1640071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~WGS REGISTERED AGENT CORPORATION~~
~~400 S.E. 2ND ST., 2ND FLOOR~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
Mohamed Ibrahim
Street Address (P.O. Box Number is Not Acceptable)
650 NE 88th Terrace
Miami, FL
33138

FL

Zip Code

33138

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 reinstalling)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	IBRAHIM, MOHAMED	
STREET ADDRESS	279 N.E. 79TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERRE, CHARLES	
STREET ADDRESS	279 N.E. 79TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAJARDO, HUGO	
STREET ADDRESS	279 N.E. 79TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on attachment with an address, with all other like empowered.

SIGNATURE:

Mohamed Ibrahim

5/1/01 305-759-7979

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90169 021 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)