

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012038

1. Entity Name
I.T.F. SCHOOL, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90013 045 ***150.00

Principal Place of Business

230 174 STREET.#502
SUNNY ISLES FL 33160

Mailing Address

230 174 STREET.#502
SUNNY ISLES FL 33160

2. Principal Place of Business

1758 N.E. 163 street
Suite, Apt. #, etc.

3. Mailing Address

1758 N.E. 163 street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach

City & State

North Miami Beach

4. FEI Number

65-

☒ Applied For

☐ Not Applicable

Zip

33162

Country

Dade

Zip

33162

Country

Dade

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLYUSARCHUK, MAKSIM
230 174 STREET.#502
SUNNY ISLES FL 33160

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS SLYUSARCHUK, MAKSIM
CITY-ST-ZIP 230 174 STREET.#502
SUNNY ISLES FL 33160

TITLE ☐ Delete
NAME V
STREET ADDRESS MALINKOVICH, FELIKS L
CITY-ST-ZIP 19380 COLLINS AVE.,#508
NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete
NAME ~~THEODAT~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS MARIO THEODAT
CITY-ST-ZIP 510 NE 157th TERRACE
MIAMI, FL 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2001 (305) 947-4030

Date Daytime Phone #

CR2E034 (10/00)