

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90171 036 ***150.00

0233063

DOCUMENT # P00000053851

1. Entity Name

T.R.T. LANGUAGE CO.

Principal Place of Business

**15450 SW 75TH CIRCLE LANE
 BLDG 7 (208)
 MIAMI FL 33193**

Mailing Address

**15450 SW 75TH CIRCLE LANE
 BLDG 7 (208)
 MIAMI FL 33193**

2. Principal Place of Business

15475 SW 77 Circle

3. Mailing Address

PO BOX 833174

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1017321

Applied For

Not Applicable

Zip

33193

Country

DADE

Zip

33283

Country

FL

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, IDGOR J
 15450 SW 75TH CIRCLE LANE
 BLDG 7 (208)
 MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name **EDGAR JAVIER MARTINEZ**
 Street Address (P.O. Box Number is Not Acceptable) **15415 SW 77 Circle Lane #205**
 City **Miami** FL Zip Code **33193**

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]

EDGAR JAVIER MARTINEZ P.O.

04/16/01

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	PD	<input type="checkbox"/> Delete
NAME	JAVIER, EDGAR	
STREET ADDRESS	15450 SW 75TH CIRCLE LANE BLDG. 7 (208)	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PERALTA, NADIEZDA I	
STREET ADDRESS	15450 S.W. 75TH CIRCLE LANE BLVD., #7 208	
CITY-ST-ZIP	MIAMI FL 33193	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGAR JAVIER MARTINEZ	
STREET ADDRESS	15415 SW 77 Circle Lane #205	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15415 SW 77 Circle Lane #205	
CITY-ST-ZIP	MIAMI FL 33193	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **EDGAR J. MARTINEZ President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)