

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90049 008 ***150.00

DOCUMENT # P00000061607

1. Entity Name I T A Translations, Inc.

Principal Place of Business

Mailing Address

770293

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12821 SW 43 Dr.

16794 N. Kendall Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

129-A

PMB-173

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1021482

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33196-5934

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301

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 see 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) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☐ Delete
NAME Hevia, Zoila
STREET ADDRESS 12821 SW 43 Dr, #129-A
CITY-ST-ZIP Miami, FL 33175

TITLE Secretary, Treasurer ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director, President ☐ Change ☒ Addition
NAME Antonio Cassio dos Santos
STREET ADDRESS 9220 SW 149 Place
CITY-ST-ZIP Miami, FL 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

Zoila Hevia Zoila Hevia

5-1-01 (305) 752-8235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2034 (11/00)