

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90133 013 ***150.00

DOCUMENT # -P00000083994

1. Entity Name

NIGHT SYSTEMS INTERNATIONAL TRAINING CENTER, CORP.



Principal Place of Business
28701 SW 239 AVENUE
HOMESTEAD GENERAL AIRPORT
HOMESTEAD FL 33030

Mailing Address
NSITC
PO BOX 349570
FLORIDA CITY FL 33034

2. Principal Place of Business

3. Mailing Address

14540 S.W. 136th Street

14540 S.W. 136th Street

Suite, Apt. #, etc.
Suite 216

Suite, Apt. #, etc.
Suite 216

City & State
Miami, FL

City & State
Miami, FL

Zip
33186

Country
USA

Zip
33186

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1037006**

Applied For
Not Applicable

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

GONZALEZ, RICARDO A
AIRPORT EXECUTIVE TOWER II
7270 N.W. 12TH STREET, P.H. 9
MIAMI FL 33126

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
RODRIGUEZ, JOSE ALBERTO
19450 S W 208TH STREET
MIAMI FL 33187

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MALDONADO, JOSE ANGEL
28701 SW 219 AVENUE
HOMESTEAD FL 33030

☐ Delete

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☐ Change ☐ Addition

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 607, 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:

Jose A Rodriguez
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 (305)259-1551

Date

Daytime Phone #

CR2E034 (10/02)