

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90128 018 ***158.75

DOCUMENT # P00000089763

1. Entity Name
TOTAL INTERNATIONAL CAREER CENTER, INC.



Principal Place of Business
**3060 W 12 AVE.
HIALEAH FL 33012**

Mailing Address
**590 EAST 49TH STREET 2ND FLOOR
HIALEAH FL 33013**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3060 W 12 Ave
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Hialeah, Fla

4. FEI Number **65-1065271** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

Zip **33012** Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRECILLA, JULIO E
590 EAST 49TH STREET 2ND FLOOR
HIALEAH FL 33013

Name
Julio E Torrecilla

Street Address (P.O. Box Number is Not Acceptable)
3060 W 12 Ave

City **Hialeah** FL Zip Code **33012**

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 **Jan 03, 03**
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	PD TORRECILLA, JULIO E 590 EAST 49TH ST., 2ND FLOOR HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gutierrez, Hope 3060 W 12 Ave Hialeah, Fl 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gallegos, Hernando 3060 W 12 Ave Hialeah, Fl 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Torrecilla, Karen 3060 W 12 Ave Hialeah, Fl. 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ~~SIGNATURE REQUIRED~~ **Jan 03, 03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/02)