

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90700 003 ***150.00

0380407 AV

DOCUMENT # P01000000110

1. Entity Name

SOUTH FLORIDA TRAINING INSTITUTE, INC.

Principal Place of Business

**9344 NICKELS BLVD.
 BOYNTON BEACH FL 33436**

Mailing Address

**9344 NICKELS BLVD.
 BOYNTON BEACH FL 33436**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1975 E. Sunrise Blvd.
 Suite 603**

3. Mailing Address

**1975 E. Sunrise Blvd.
 Suite 603**

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. FEI Number

65-1066435

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATRICK, RANDY J
 9344 NICKELS BLVD.
 BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name **Michael Panzeca**
 Street Address (P.O. Box Number is Not Acceptable) **1975 Sunrise Blvd. #603**
 City **Ft. Lauderdale** FL **33304**

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 **Michael Panzeca**

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, 2002 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	PATRICK, RANDY J	
STREET ADDRESS	9344 NICKELS BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATRICK, GAY N	
STREET ADDRESS	9344 NICKELS BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PANZECA, MICHAEL	
STREET ADDRESS	419 NE 15TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATRICK, BAMA E	
STREET ADDRESS	37374 MURRAY ROAD	
CITY-ST-ZIP	PEARL RIVER LA 70452	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randy Patrick, Randy J.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Panzeca, michael	
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)(l), 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

Michael Panzeca 4/30/02 954.761-8883

Date

Daytime Phone #

CR2E034 (9/01)