

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 014 ***150.00

DOCUMENT # P01000026484

1. Entity Name

Financial Aid Training Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8362 Pines Blvd
188

3. Mailing Address

10580 NW 6st

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip
33024

Country
Broward

Zip
33026

Country
Broward

4. FEI Number

65-1085049

Applied For

☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Yvonne Silva

Street Address (P.O. Box Number is Not Acceptable)

10580 NW 6st

City

Pembroke Pines

FL

Zip Code

33026

**DO NOT WRITE
IN THIS SPACE**

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

Yvonne Silva Yvonne Silva

5/27/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Yvonne Silva President
NAME
10580 NW 6st
STREET ADDRESS
33026
CITY- ST- ZIP
Pembroke Pines, FL

TITLE
Vice President
NAME
Sergio Silva
STREET ADDRESS
10580 NW 6st
CITY- ST- ZIP
Pembroke Pines FL 33024

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Yvonne Silva Yvonne Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/02 954.558-
6867

Date

Daytime Phone #

CR2E034B (12/01)