

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90892 036 ***150.00

DOCUMENT # P01000121275

1. Entity Name

IT TRAINING CENTER, INCORPORATED

Principal Place of Business

**19632 EAST COUNTRY CLUB DRIVE
AVENTURA FL 33180**

Mailing Address

**19632 EAST COUNTRY CLUB DRIVE
AVENTURA FL 33180**

2. Principal Place of Business

12335 PEMBROKE ROAD

3. Mailing Address

12335 PEMBROKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

Zip

Country

33025

USA

Zip

Country

33025

USA

4. FEI Number

26-0006174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROZENTAL, CLAUDIO

**19632 EAST COUNTRY CLUB DRIVE
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **ROZENTAL, CLAUDIO**

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

3141 NE 211 STREET

City **AVENTURA**

FL

Zip Code
33180

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

C Rozental

CLAUDIO ROZENTAL

4/11/02

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) ☐

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 **D** ☐ Delete
NAME **LEVI, FERNANDO**
STREET ADDRESS **16480 SOUTH POST ROAD APT 201**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D,VP,S** ☒ Change ☐ Addition
NAME **LEVI, JULIO FERNANDO**
STREET ADDRESS **928 FALLING WATER ROAD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D,P,T** ☐ Change ☒ Addition
NAME **ROZENTAL, CLAUDIO**
STREET ADDRESS **3141 NE 211 STREET**
CITY-ST-ZIP **AVENTURA FL 33180**

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

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

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

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)(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 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

4/11/02

954-895-5384

Date

Daytime Phone #

CR2E034 (9/01)