

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90328 011 \*\*\*150.00

0217545 AV

**DOCUMENT # P02000077056**



1. Entity Name  
**ISTI EDUCATIONAL INCORPORATED**

Principal Place of Business  
**C/O RICARDO J. SOUTO. ESO  
201 S BISCAYNE BLVD STE 1500  
MIAMI FL 33131**

Mailing Address  
**C/O RICARDO J. SOUTO. ESO  
201 S BISCAYNE BLVD STE 1500  
MIAMI FL 33131**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**05-0556813**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI  
1600 MIAMI CENTER, Suite 1500 (R15)  
201 S BISCAYNE BLVD  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-</b> <input type="checkbox"/> Delete <b>PEREZ, JOSE V</b> <b>201 S BISCAYNE BLVD STE 1500 (R15)</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-</b> <input type="checkbox"/> Delete <b>PIEDRAS, JUAN A</b> <b>201 S BISCAYNE BLVD STE 1500 (R15)</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-</b> <input type="checkbox"/> Delete <b>MEMBRENO, BENJAMIN T</b> <b>201 S BISCAYNE BLVD STE 1500 (R15)</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 supplement 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** Jose Velasco Perez, Director **4/18/03 305 358-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)