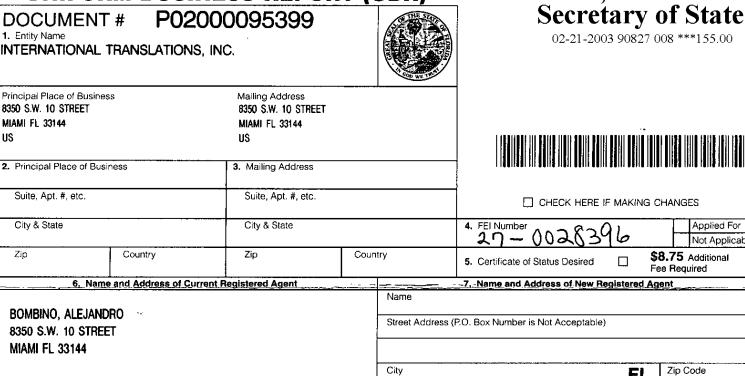
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P02000095399 **DOCUMENT #** 

1. Entity Name

INTERNATIONAL TRANSLATIONS, INC.



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, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE-IS \$150.00-

(NOTE: Registered Agent signature required when reinstating)

FILED

Feb 21, 2003 8:00 am

\$5.00 May Be

Applied For

Not Applicable

9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Delete BOMBINO, JUDIT NAME NAME 8350 S.W. 10 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE **☑** Addition TITLE Change Bomiano, Judit BOMBINO, ALEJANDRO NAME NAME 8350 S.W. 10 STREET 8350SW 10 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE Delete Change Addition NAME BOMBINO, JUDIT NAME 8350 S.W. 10 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP Addition TITLE TITI F Change Delete tibut, chidmed **BOMBINO, ALEJANDRO** NAME NAME 8350 S.W. 10 STREET STREET ADDRESS STREET ADDRESS 8350 BW 10 5T MIAMI FL 33144 CITY-ST-ZIF ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ 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 a ess, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE D TYPED OR PRINTED NAME OF

CR2E034 (10/02)