


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90827 008 ***155.00

DOCUMENT # P02000095399

1. Entity Name
INTERNATIONAL TRANSLATIONS, INC.



Principal Place of Business
8350 S.W. 10 STREET
MIAMI FL 33144
US

Mailing Address
8350 S.W. 10 STREET
MIAMI FL 33144
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
27-0028396

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOMBINO, ALEJANDRO
8350 S.W. 10 STREET
MIAMI FL 33144

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|---------------------|----------------|-------------------------------------|
| P | BOMBINO, JUDIT | 8350 S.W. 10 STREET | MIAMI FL 33144 | <input type="checkbox"/> |
| VP | BOMBINO, ALEJANDRO | 8350 S.W. 10 STREET | MIAMI FL 33144 | <input checked="" type="checkbox"/> |
| S | BOMBINO, JUDIT | 8350 S.W. 10 STREET | MIAMI FL 33144 | <input type="checkbox"/> |
| T | BOMBINO, ALEJANDRO | 8350 S.W. 10 STREET | MIAMI FL 33144 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------|----------------|-----------------|---------------------------------|-------------------------------------|
| VP | Bombino, Judit | 8350 SW 10 ST | Miami, FL 33144 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| T | Bombino, Judit | 8350 SW 10 ST | Miami, FL 33144 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED President 2/1/03 (35)267709

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

CR2E034 (10/02)