2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 ams Secretary of State P94000062052 DOCUMENT # 1. Entity Name VIDAL INTERNATIONAL TRAINERS, INC. 05-23-2002 90108 008 ***150.00 Mailing Address Principal Place of Business 9738 NW 29TH TERRACE 9738 NW 29TH TERRACE MIAMI-FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI.Number City & State City & State 65-05 19983 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIDAL, BEATRIZ Street Address (P.O. Box Number is Not Acceptable) 9738 NW 29TH TERRACE MIAMI FL 33172; s.,-Zip Code 3111 E / CO / C 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9.=This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME VIDAL, BEATRIZ NAME STREET ADDRESS STREET ADDRESS 9738 NW 29 TERR CITY::ST-ZIP. MIAMI FL CITY-ST-ZIP Addition Tag same ☐ Delete TITLE ☐ Change TITLE VIDAL, BEATRIZ NAME 9738 NW 29 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. 53 CITY-ST-ZIP TITLE WAY SO IN LOSS, ALA-☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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

n address, with all other like empowered.

FILED