

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90252 011 \*\*\*150.00

**DOCUMENT # P94000082577**

1. Entity Name

INTERNATIONAL TRANSLATION STUDIO, INC.

Principal Place of Business

9580 SW 8TH ST  
PEMBROKE PINES FL 33025  
US

Mailing Address

8362 PINES BLVD  
SUITE 239  
PEMBROKE PINES FL 33024

*update*

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9580 SW 8th St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33025

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0548268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZANINETTI, ALTINA MARCIA  
8362 PINES BLVD., STE. 239  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Lizzette F. Mohr

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

9580 SW 8th St

City

Pembroke Pines

FL

Zip Code

33025

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

*[Signature]*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-statuting)

1/09/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	FERNANDEZ-BOTELHO, CELIA	
STREET ADDRESS	9580 SW 8TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VST	<input type="checkbox"/> Delete
NAME	ZANINETTI, ALTINA MARCIA	
STREET ADDRESS	8362 PINES BLVD., STE. 239	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Lizzette F. Mohr	
STREET ADDRESS	9580 SW 8th St.	
CITY-ST-ZIP	Pembroke Pines, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/01

Date

954-432-4470

Daytime Phone #

CR2E034 (10/00)

0110842