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

P96000073546 **DOCUMENT #**

1. Entity Name

CITI TRANSLATION CENTER, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90165 030 ***150.00

Zip Country Zip Country S. Certificate of Status Desired S.7. And Fee Required S. Name and Address of Current Registered Agent VELEZ-PARDO, FERNANDO 1025 KANE CONCOURSE STE 208 MB FL 33154 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, a time obligations of registered agent. SIGNATURE Signature, tradet or preted new or implemed signs and time illiging-basile. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 After May 2, 2003 Fee will be \$55.00 After May 1, 2003 Fee will be \$55.00 After May 2, 2003 Fee wil							-	مستنب						
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Secretary Secr	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
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1025 KANE CONCOURSE STE 208 MB FL 33154							Name	-						
MB FL 33154 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 a tree obligations of registered agent. SIGNATURE Signature For the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with a tree obligations of registered agent agent. SIGNATURE Signature For the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with a tree obligations of registered agent. SIGNATURE Signature, typed or printed rever of registered depart agents agents required when reactaing) DATE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OF-FICERS AND DIRECTORS ITILE NAME AV CARDENAS C., LIC MIGUEL A NAME SIRET ADDRESS CITY-ST-ZIP TITLE C Change Chang								Street Address (P.O. Box Number is Not Acceptable)						
S. 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, a the obligations of registered agent. SignATURE Signature Signature, Signature, pred or printed memor of registered agent and tile il applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE NAME CARDENAS C., IC MIGGIEL A STRETADORSS COL JUAREZ MENICO DF CP 0660 THILE MAME STRETADORSS CITY-ST-ZIP THILE MAME			IRSE STE 208											
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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.

868-1746