

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081212

1. Entity Name  
**AMERICAS TRAINING GROUP, INC.**

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90027 021 \*\*\*150.00

Principal Place of Business 5381 S.W. 154TH PLACE MIAMI FL 33185	Mailing Address 5381 S.W. 154TH PLACE MIAMI FL 33185-4411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number <b>65-0700594</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CLAVJO, SERGIO**  
**5381 S.W. 154TH PLACE**  
**MIAMI FL 33185**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: <b>D</b> NAME: <b>CLAVJO, SERGIO</b> <input type="checkbox"/> Delete STREET ADDRESS: <b>5381 S.W. 154TH PLACE</b> CITY-ST-ZIP: <b>MIAMI FL 33185</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: Sergio J. Clavjo **SERGIO J. CLAVJO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 2/10/00 Daytime Phone #: (305) 551-0663

CR2E034 (9/99)