

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90012 013 ***150.00

DOCUMENT # P96000081212

1. Entity Name
AMERICAS TRAINING GROUP, INC.

Principal Place of Business Mailing Address
5381 S.W. 154TH PLACE **5381 S.W. 154TH PLACE**
MIAMI FL 33185 **MIAMI FL 33185**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9156 COLLINS AVE. **9156 COLLINS AVE.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 206 **Suite 206**

City & State City & State
SURFSIDE, FL **SURFSIDE, FL**

4. FEI Number **65-0700594** Applied For
 Not Applicable

Zip **33154** Country Zip **33154** Country 5. Certificate of Status Desired **\$8.75 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 **CLAVJO, Sergio**
 Street Address (P.O. Box Number is Not Acceptable)
9156 COLLINS AVE
Suite 206
 City **SURFSIDE** **FL** Zip Code **33154**

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 *Sergio J. Clavjo* DATE 4/3/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAVJO, SERGIO	NAME	
STREET ADDRESS	5381 S.W. 154TH PLACE	STREET ADDRESS	9156 Collins Ave. Suite 206
CITY-ST-ZIP	MIAMI FL 33185	CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Sergio J. Clavjo* DATE 4/3/01 (305) 861-3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)