

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

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90033 039 \*\*\*150.00

DOCUMENT # **P98000070719** ✓

1. Entity Name

**VITRU FLORIDA, INC.**

**DO NOT WRITE IN THIS SPACE**

**425313**

2. Principal Place of Business

**C/O WHITE & CASE LLP**

Suite, Apt. #, etc.

**200 S BISCAYNE BLVD. SUITE 4900**

City & State

**MIAMI, FLORIDA**

Zip

**33131**

Country

**USA**

3. Mailing Address

**C/O WHITE & CASE LLP**

Suite, Apt. #, etc.

**200 S BISCAYNE BLVD SUITE 4900**

City & State

**MIAMI, FLORIDA**

Zip

**33131**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0876614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**MR. CARLOS CASTILLO C/O WHITE & CASE LLP**

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

**200 S BISCAYNE BLVD, SUITE 4900**

City

**MIAMI**

**FL**

Zip Code

**33131**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPT  
VILLA, HECTOR  
CARRERA 12 No. 89-33 PISO 6  
BOGOTA COLOMBIA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SAT  
TRUJILLO DE VILLA, RUBY  
CARRERA 12 No. 89-33 PISO 6  
BOGOTA COLOMBIA**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25 FEB 02**

Date

**(571) 636-4950**

Daytime Phone #

CR2E034B (12/01)