

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **998000085214**

1. Entity Name  
**FOUR LANGUAGE TRAFFIC SCHOOL**

Principal Place of Business  
**739 East Atlantic Blvd.  
POMPANO BEACH, FL 33060**

Mailing Address  
**739 East Atlantic Blvd.  
POMPANO BEACH, FL 33060**

2. Principal Place of Business  
**739 E. Atlantic Blvd.**

3. Mailing Address  
**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**POMPANO BEACH, FL**

City & State

4. FEI Number  
**65-0893118**

Applied For  
Not Applicable

**33060**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**FRANCISCO ITALIANO NETO**  
**739 East Atlantic Blvd**  
**POMPANO BEACH, FL 33060**

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 **FRANCISCO ITALIANO NETO**

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) ☐

**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>President</b>	<input type="checkbox"/> Delete
NAME	<b>Francisco Italiano Neto</b>	
STREET ADDRESS	<b>623 Anderson Circle # 305</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>	
TITLE	<b>Administrative Director</b>	<input type="checkbox"/> Delete
NAME	<b>Alza Karina Italiano Carvalho</b>	
STREET ADDRESS	<b>623 Anderson Circle # 305</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>	
TITLE	<b>Finance Director</b>	<input type="checkbox"/> Delete
NAME	<b>Mirthes C. Italiano Carvalho</b>	
STREET ADDRESS	<b>623 Anderson Circle # 305</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>	
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		

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		
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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: **FRANCISCO ITALIANO NETO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-24-00 (954) 945-5531**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90063 009 \*\*\*150.00

**661278**

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)