

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90043 019 ***150.00

DOCUMENT # P99000044011

1. Entity Name
NATIONAL BUREAU TRAINING INSTITUTE, INC.

Principal Place of Business
**21845 POWERLINE ROAD STE 207
BOCA RATON FL 33433**

Mailing Address
**21845 POWERLINE ROAD STE 207
BOCA RATON FL 33433**

2. Principal Place of Business

299 Camino Gardens Blvd

3. Mailing Address

299 Camino Gardens Blvd

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

Country

33432 USA

Zip

Country

33432 USA

4. FEI Number

65-0920482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, JONATHAN
21845 POWERLINE ROAD STE 207
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

Jonathan Bloom

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

299 Camino Gardens Blvd

207

City

Boca Raton

FL

Zip Code

33432

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **D** ☐ Delete
NAME **BLOOM, JONATHAN**
STREET ADDRESS **21845 POWERLINE ROAD STE 207**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Jonathan Bloom**
STREET ADDRESS **299 Camino Gardens Blvd # 207**
CITY-ST-ZIP **Boca Raton FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

561-864-0000

Date

Daytime Phone #

CR2E034 (9/01)