

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**  
 07-14-2000 90003 004 \*\*\*150.00

DOCUMENT # **P99000081462**  
 1. Entity Name **International Career and Training Institute Inc**

Principal Place of Business Mailing Address  
**1001 NE 125 St**  
**N. Miami, FL**  
**33161**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1310 NE 200 Ter**

City & State City & State  
**Miami, Florida**  
 Zip Country Zip Country  
**33179 USA**

4. FEI Number **65-094 79 77** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARIA E. de VALDEZ**  
**1001 NE 125 St**  
**N. Miami, FL 33161**

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 **Maria de Valdez RD** (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. ☐ **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  
 TITLE **PD** **MARIA E. de VALDEZ** ☐ Delete  
 NAME  
 STREET ADDRESS **1001 NE 125 St**  
 CITY-ST-ZIP **N. Miami, FL 33161**  
 TITLE **VP** **GERARD BROS** ☐ Delete  
 NAME  
 STREET ADDRESS **1001 NE 125 St**  
 CITY-ST-ZIP **N. Miami FL 33161**  
 TITLE **S. RM. Rachel BROS** ☐ Delete  
 NAME  
 STREET ADDRESS **1001 NE 125 St**  
 CITY-ST-ZIP **N. Miami, FL 33161**  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ 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: **MARIA E. de VALDEZ** **Maria de Valdez** **5/30/00** **305-651 3218**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P99000081902

AC067719

5-30-00

To Whom It May Concern

This note is to inform the Division of Corporation that as of as this day we never receive the Annual Report form and we had been obliged to call for one.

Thanks

Harold S. S. S.