

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

DOCUMENT # *P99000081962*

1. Entity Name

*INTERNATIONAL CAREER & TRAINING
INSTITUTE INC*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525 NE 125 St

Suite, Apt. #, etc.

3. Mailing Address

525 NE 125 St

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33161

Country

Miami, Dade

Zip

33161

Country

Miami, Dade

4. FEI Number

65094 7977

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

De Valdez MARIA

Street Address (P.O. Box Number is Not Acceptable) *525 NE 125 St*

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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	<i>P - De Valdez, MARIA 525 NE 125 St North Miami, FL 33161</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V - BROS GERALD 525 NE 125 St North Miami, FL 33161</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T - S - ALBERT, Jean MAXENE 525 NE 125 St North Miami, FL 33161</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: *Marcos Valdez Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02 305 899 2645

Daytime Phone #

9/18/02

Heierman

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p990000819402

This note is to remind you that
we haven't receive the annual
report package & we have been
obliged to call and get one lately

Thanks

Frances Salter