

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

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90177 024 ***150.00

DOCUMENT # *999000081962*

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.

DO NOT WRITE IN THIS SPACE

City & State *North Miami FL*

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4. FEI Number
65094 7977

Applied For
Not Applicable

Zip *33161* Country *MIAMI Dade*

Zip *33161* Country *Miami Dade*

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*
N
North Miami, FL 33161
City **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</i> <i>525 NE 125 St</i> <i>North Miami, FL 33161</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V- Bros GERARD</i> <i>525 NE 125 St</i> <i>North Miami, FL 33161</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T-S- ALBERT, Jean MAXENE</i> <i>525 NE 125 St</i> <i>North Miami, FL 33161</i>
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IN THIS SPACE**

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: *Maria De Valdez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02 *305 899 2645*
Date Daytime Phone #

CR2E034B (12/01)

9/18/02

Attachment

678376

#9990000081962

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.

Chancesalder