

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90058 024 ***158.75

DOCUMENT # S82087

1. Entity Name
INTERLINGUA INTERNATIONAL INC.

Principal Place of Business

**15001 SW 91 TERRACE
 MIAMI FL 33196
 US**

Mailing Address

**15001 SW 91 TERRACE
 MIAMI FL 33196
 US**

2. Principal Place of Business

**10601 SW 139 STREET
 MIAMI - FL**

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0334568

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VITALE, LINEU C
 15001 SW 91 TERRACE
 MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name **VITALE, LINEU C.**

Street Address (P.O. Box Number is Not Acceptable)
10601 SW 139 STREET

City **MIAMI**

FL

Zip Code **33176**

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]

LINEU C. VITALE Director

02-11-02

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 NAME	D VITALE, LINEU	<input type="checkbox"/> Delete
STREET ADDRESS	15001 SW 91 TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE NAME	S VITALE, GRACIELA	<input type="checkbox"/> Delete
STREET ADDRESS	15001 SW 91 TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D VITALE, LINEU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10601 SW 139 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	S VITALE, GRACIELA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10601 SW 139 STREET	
CITY-ST-ZIP	MIAMI - FL - 33176	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **GRACIELA VITALE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-02

Date

786-293-1047

Daytime Phone #

CR2E034 (9/01)