

**2003 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P02.000096242**  
Entity Name  
**ASCENTA CONSULTING GROUP INC.****FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90108 026 \*\*\*150.00

Principal Place of Business  
**11381 NW 52 LANE**  
**MIAMI- FLORIDA 33178**

Mailing Address

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**36-450 6062**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****LOUIS F. CAST**  
**4805 NW 79 AVENUE**  
**SUITE 9**  
**MIAMI- FLORIDA 33166****7. Name and Address of New Registered Agent**

Name

**LOUIS F. CAST**

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

**4805 NW 79 AVE SUITE 9**

City

**MIAMI****FL**

Zip Code

**33166**

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 re-registering)

DATE

**1-16-03**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, 2000 Fee will be \$350.00**  
**Make Check payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****OFFICERS AND DIRECTORS**

|                                      |                                            |
|--------------------------------------|--------------------------------------------|
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | <input type="checkbox"/> Delete            |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | <input type="checkbox"/> Delete            |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | <input type="checkbox"/> Delete            |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | <input type="checkbox"/> Delete            |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | <input type="checkbox"/> Delete            |

**TD**  
**ENRIQUE SANTIAGO**  
**262 CALLE URUGUAY # 65**  
**SAN JUAN, PUERTO RICO 00917****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                                                                                   |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT</b><br><b>RAUL A. GARCES</b><br><b>11381 NW 52 LANE</b><br><b>MIAMI- FLORIDA 33178</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY + TREASURER</b><br><b>EUGENIO A. PRATO</b><br><b>11381 NW 52 LANE</b><br><b>MIAMI- FLORIDA 33178</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>JOSE A. ROIZ</b><br><b>11381 NW 52 LANE</b><br><b>MIAMI- FLORIDA 33178</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAUL A. GARCES**

Date

**1-16-03 (305) 463-8813**

Daytime Phone #