

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90416 022 \*\*\*150.00

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**DOCUMENT # P96000053907**

1. Entity Name  
**STRATEGIC CONSULTING GROUP, INC.**



Principal Place of Business <b>1500 SAN REMO AVE #300 CORAL GABLES FL 33146 US</b>	Mailing Address <b>1500 SAN REMO AVE #300 CORAL GABLES FL 33146 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0685151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHREIBER RODON-ALVAREZ P.A.  
2222 PONCE DE LEON BLVD  
PENTHOUSE SUITE  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>AVINO, JOAQUIN G</b>	
STREET ADDRESS	<b>1500 SAN REMO AVE #300</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ALVAREZ, JULIO E</b>	
STREET ADDRESS	<b>1500 SAN REMO AVE #300</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFBERG, DAVID A</b>	
STREET ADDRESS	<b>1500 SAN REMO AVE #300</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **NOT REQUIRED** **4/17/03** **305-668-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)