

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086913

1. Entity Name

CONSULTANTS PROFESSIONAL ASSOCIATES INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90171 012 ***150.00

Principal Place of Business

Mailing Address

12615 SW 91 ST.
 MIAMI FL 33186

12615 SW 91 ST.
 MIAMI FL 33186-1872

2. Principal Place of Business

3. Mailing Address

PMB # 1125

PMB # 1125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

169 E. FLAGLER ST. #1534

169 E. FLAGLER ST. #1534

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33131

MIAMI - DADE

33131

MIAMI - DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0730450

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRIOS, LUIS R
 12615 SW 91 ST.
 MIAMI FL 33186

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME DP
 STREET ADDRESS BARRIOS, LUIS R
 CITY-ST-ZIP 12615 SW 91 ST. MIAMI FL 33186

TITLE Change Addition
 NAME D
 STREET ADDRESS BARRIOS, DORA
 CITY-ST-ZIP 12615 SW 91 ST #1-216 MIAMI, FL. 33186

TITLE Delete
 NAME DV
 STREET ADDRESS BARRIOS, LUIS H
 CITY-ST-ZIP 12615 SW 91 ST. MIAMI FL 33186

TITLE Change Addition
 NAME D
 STREET ADDRESS BARRIOS, GERMAN A.
 CITY-ST-ZIP 12615 SW 91 ST. #1-216 MIAMI, FL. 33186

TITLE Delete
 NAME DS
 STREET ADDRESS BARRIOS, CARLOS
 CITY-ST-ZIP 12615 SW 91 ST. MIAMI FL 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DT
 STREET ADDRESS BARRIOS, MARIA E
 CITY-ST-ZIP 12615 SW 91 ST. MIAMI FL 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS BARRIOS, CONSTANZA
 CITY-ST-ZIP 12615 SW 91 ST. MIAMI FL 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS BARRIOS, RODOLFO
 CITY-ST-ZIP 12615 SW 91 ST. MIAMI FL 33186

TITLE Change Addition
 NAME
 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

(305) 960-1125

Date

Daytime Phone #