

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000022941**

1. Entity Name

C.B.G & B CONSULTING, INC.**FILED****Jan 31, 2000 8:00 am**
Secretary of State

01-31-2000 90093 001 ***150.00

Principal Place of Business

**999 PONCE DE LEON BLVD
SUITE 1110
CORAL GABLES FL 33134**

Mailing Address

**999 PONCE DE LEON BLVD
SUITE 1110
CORAL GABLES FL 33134-3047**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0738283**Applied For
Not Applied For5. 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

**TRIAY, CARLOS A
999 PONCE DE LEON BLVD
SUITE 1110
CORAL GABLES FL 33134**

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

TITLE	PRES	☐ Delete
NAME	B CANDACE CANCIO BELLO	
STREET ADDRESS	999 PONCE DE LEON BLVD #1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	VST	☐ Delete
NAME	BELLO, BETHANY ANN C	
STREET ADDRESS	999 PONCE DE LEON BLVD, SUITE 1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:*Bethany Ann Cancio Bello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-2000