2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90329 012 ***150.00

DOCUMENT # P97000022941

1. Entity Name
C.B.G & B CONSULTING, INC.

C0018883

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~999 PONCE DE LEON BLVD~~	~~999 PONCE DE LEON BLVD~~
~~SUITE 1110~~	~~SUITE 1110~~
~~CORAL GABLES FL 33134~~	~~CORAL GABLES FL 33134~~

2. Principal Place of Business	3. Mailing Address
10570 NW 27 St	
Suite, Apt. #, etc. #103	Suite, Apt. #, etc.
City & State Miami Florida	City & State
Zip 33172 / Country U.S.	Zip / Country

4. FEI Number 65-0738283 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRIAY, CARLOS A
~~999 PONCE DE LEON BLVD~~ 10570 N.W. 27 St
~~SUITE 1110~~ #103
~~CORAL GABLES FL 33134~~ Miami, Fl. 33172

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.

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES B CANDACE CANCIO BELLO ~~999 PONCE DE LEON BLVD #1110~~ ~~CORAL GABLES FL 33134~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10570 NW 27 Street #103 Miami, Fl. 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST ~~BELLO~~, BETHANY ~~ANN C~~ Bahamonde ~~999 PONCE DE LEON BLVD, SUITE 1110~~ ~~CORAL GABLES FL 33134~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Bethany Bahamonde 10570 NW 27 Street #103 Miami, Fl. 33172
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CR2E034 (10/00)

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: X B. Candace Cancio Bello 2/2/01 305-235-7243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #