


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91891 030 ***150.00

DOCUMENT # P98000072815	
1. Entity Name INNERVIEW CONSULTANT ASSOCIATES, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5950 W. OAKLAND PARK BLVD		3. Mailing Address 5950 W. OAKLAND PARK BLVD	
Suite, Apt. #, etc. SUITE 118		Suite, Apt. #, etc. SUITE 118	
City & State LAUDERHILL, FL		City & State LAUDERHILL, FL	
Zip 33313-1245	Country USA	Zip 33313-1245	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0634322		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name THOMAS L. PEREZ		
Street Address (P.O. Box Number is Not Acceptable) 5950 W. OAKLAND PARK BLVD SUITE 118			
City LAUDERHILL State FL Zip Code 33313-1245			

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY- ST- ZIP	THOMAS L. PEREZ PD 145 ESSEX ROAD HOLLYWOOD, FL 33024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003

954-717-0022

Date

Daytime Phone #

CR2E034B (12/02)