2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90005 048 ***150.00

DOCUMENT # P98000101476

1. Entity Name

NEXT TECHNOLOGY CONSULTING, INC.

Principal Place of Business	Mailing Address
1584 WEST 78TH STREET HIALEAH FL	1584 WEST 78TH STREET HIALEAH FL 33014-3318

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 ARAGON AVE	300 ARAGON AVE
Suite, Apt. #, etc. #215	Suite, Apt. #, etc. #215
City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134 Country USA	Zip 33134 Country USA

4. FEI Number 65-0879199 ☐ 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
SANCHEZ, REGINO 1584 WEST 78TH STREET HIALEAH FL	Name Street Address (P.O. Box Number is Not Acceptable) 300 ARAGON AVE #215 City Coral Gables FL Zip Code 33134

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 REGINO SANCHEZ [signature] DATE 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST SANCHEZ, REGINO 1584 WEST 78TH STREET HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDA FERNANDEZ, FRANCISCO 2600 COLLINS AVE. MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/23/2000 (305) 822 1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #