2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # **P99000070740** Apr 25, 2000 8:00 am Secretary of State E-SOLUTIONS CONSULTING, INC. 04-25-2000 90151 041 ***150.00 Mailing Address Principal Place of Business 13745A SOUTHWEST 84TH STREET 13745A SOUTHWEST B4TH STREET MIAMI FL 33183-4025 MIAMI FL 33183 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 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. Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD **Change** Addition PD 🔼 Delete TITLE TITLE MAD-SHENG HWANG 13745ASW 84St CHING, JENNY NAME STREET ADDRESS STREET ADDRESS 13745A SOUTHWEST 84TH STREET Miami, FL 33183 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 Addition Delete Change TITLE TITLE Li-Chin Chen 16295 SW 83St HWANG, MAI-SHENG NAME STREET ADDRESS 13745A SOUTHWEST 84TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33183** Addition Defete TITLE TITLE CHEN, CATHY NAME NAME STREET ADDRESS 13745A SOUTHWEST 84TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33183** Secretary ☐ Change **X** Addition ☐ Delete TITLE TITLE NAME Cathy Chen NAME 16648 SW 101 Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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