

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106895

1. Entity Name
PRIVATE INVESTMENTS & CONSULTING SERVICES, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90495 021 ***150.00

Principal Place of Business
C/O KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., 28TH FLOOR
MIAMI FL 33131

Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., 28TH FLOOR
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1172 S. Dixie Hwy
Suite, Apt. #, etc.
502

3. Mailing Address
1172 S. Dixie Hwy
Suite, Apt. #, etc.
502

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33146 Country
USA

Zip
33146 Country

4. FFI Number
#65-0977567

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Felix R. Fuertes
Street Address (P.O. Box Number is Not Acceptable)
1172 S. Dixie Hwy, # 502
City
Coral Gables FL Zip Code
33146

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 **Felix R. Fuertes** (NOTE: Registered Agent signature required when reinstating)
DATE **3/12/01**

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

TITLE D/P/T/AS	NAME Felix R. Fuertes	<input type="checkbox"/> Delete
STREET ADDRESS 1172 S. Dixie Hwy, #502		
CITY-ST-ZIP Coral Gables, FL 33146		
TITLE D/VP/AT/S	NAME Regina C. Fuertes	<input type="checkbox"/> Delete
STREET ADDRESS 1172 S. Dixie Hwy, #502		
CITY-ST-ZIP Coral Gables, FL 33146		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/T/AS	NAME Felix R. Fuertes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4200 Santa Maria Street		
CITY-ST-ZIP Coral Gables, FL 33146		
TITLE D/VP/AT/S	NAME Regina C. Fuertes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4200 Santa Maria Street		
CITY-ST-ZIP Coral Gables, FL 33146		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Felix R. Fuertes, President**
DATE **3/12/01** DAYTIME PHONE # **305-790-1176**

CR2E034 (10/00)