

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90262 013 \*\*\*150.00

**DOCUMENT # P99000106895**

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

**Principal Place of Business**  
~~C/O KTG&S REGISTERED AGENT CORPORATION~~  
**1172 S DIXIE HWY SUITE 502**  
~~MIAMI FL 33131~~

**Mailing Address**  
~~C/O KTG&S REGISTERED AGENT CORPORATION~~  
**1172 S DIXIE HWY SUITE 502**  
~~MIAMI FL 33131~~



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1172 S. DIXIE Hwy**  
**Suite 502**  
**Coral Gables, FL**  
**33146**

**3. Mailing Address**  
**1172 S. Dixie Hwy**  
**Suite 502**  
**Coral Gables, FL**  
**33146**

**4. FEI 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**  
**FUERTES, FELIX R**  
**1172 S DIXIE HWY #502**  
**CORAL GABLES FL 33146**

**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** **3/22/02**  
Signature, typed or printed name of registered agent and not 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, 2002 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	DPT FUERTES, FELIX R 4200 SANTA MARIA STREET CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT/AS FUERTES, Felix R. 4200 SANTA MARIA ST CORAL GABLES, FL 33146-1125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FUERTES, FELIX R 4200 SANTA MARIA STREET CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FUERTES, REGINA C 4200 SANTA MARIA STREET CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP/STAT FUERTES, REGINA C 4200 SANTA MARIA ST. CORAL GABLES, FL 33146-1125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATS FUERTES, REGINA C 4200 SANTA MARIA STREET CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **3/22/02** **305-790-1176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)