

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

DOCUMENT # P02000088170

1. Entity Name

FABAS CONSULTING CORP.

FILED

03 JAN -6 PM 3:59

SECRETARY OF STATE  
501 CHASSIS, FEEBING  
12/18/02--01045--015 \*\*\$61.25

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6401 SW 114TH COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State

Zip  
33173

Country  
USA

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
GLORIA ISABEL RUIZ LARREA

Street Address (P.O. Box Number is Not Acceptable)

6401 SW 114TH COURT

City  
MIAMI

FL Zip Code  
33173

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

*Gloria Larrea*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/13/2002  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD. GLORIA ISABEL RUIZ LARREA  
6401 SW 114TH COURT  
MIAMI, FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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300012392573  
02/12/03--01073--012 \*\*\$88.75

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Gloria Larrea*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/2002

Date

Daytime Phone #

CR2E034B (12/01)