

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 513541

1. Entity Name

TEST & BALANCE CONSULTANTS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90090 041 ***150.00

Principal Place of Business

Mailing Address

3729 SW 8TH ST., SUITE 205
CORAL GABLES FL 33134

3729 SW 8TH ST., SUITE 205
CORAL GABLES FL 33014-5221

000010

2. Principal Place of Business

915 West 70th Place

3. Mailing Address

915 West 70th PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL.

City & State

Hialeah, FL.

4. FEI Number

59-1691870

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

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

FERNANDEZ, FRANK
3729 S.W. 8TH ST., SUITE 205
CORAL GABLES FL 33134

Name

Fernandez, Frank

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

915 West 70th PL.

Hialeah, FL.

City

FL

Zip Code

33014

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

Signature, typed or printed name of registered agent and title if 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, 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 STD
NAME FERNANDEZ, MARIA TERESA
STREET ADDRESS 915 WEST 70TH PLACE
CITY-ST-ZIP HIALEAH FL ☒ Delete

TITLE STD ☐ Change ☐ Addition
NAME Fernandez, Frank
STREET ADDRESS 915 West 70th Pl.
CITY-ST-ZIP Hialeah, FL 33014

TITLE PD
NAME FERNANDEZ, FRANK
STREET ADDRESS 915 WEST 70TH PLACE
CITY-ST-ZIP HIALEAH FL ☒ Delete

TITLE PD ☐ Change ☐ Addition
NAME Fernandez J. Francisco
STREET ADDRESS 915 West 70th Pl.
CITY-ST-ZIP Hialeah, FL. 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/11/00 (305) 446-6775