

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K19083

1. Entity Name

INTER-AMERICAN CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

C/O T V MULLIN
2655 LEJEUNE RD PH 2
CORAL GABLES FL 33134
US

C/O T J MULLIN
2655 LEJEUNE RD PH 2
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0047705

Applied For

Not Applicable

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

MULLIN, TERRANCE J
2655 LEJEUNE RD PH2
CORAL GABLES FL 33134

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DPS	ARBOLEDA, RODRIGO	C/O T J MULLIN 2655 LEJEUNE RD PH2 CORAL GABLES FL				
	DVP	ARBOLEDA, CECILIA	C/O T J MULLIN 2655 LEJEUNE RD PH2 CORAL GABLES FL				
	DVP	ARBOLEDA, PEDRO MIGUEL	C/O T J MULLIN 2655 LEJEUNE RD PH2 CORAL GABLES FL				

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:

Rodrigo Arboleda RODRIGO ARBOLEDA Jan 31/2000 305-361-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90168 029 ***150.00

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DO NOT WRITE IN THIS SPACE