

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90308 027 ***150.00

DOCUMENT # K19083

1. Entity Name

INTER-AMERICAN CONSULTING GROUP, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

200 S. Biscayne Blvd.

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2000

Suite, Apt. #, etc.

Suite 2000

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

US

Zip

33131

Country

US

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Terrance J. Mullin**
 Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH Biscayne Blvd.
Suite 2000
 City **Miami** FL Zip Code **33131**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

2-2-01

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, 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	DPS	<input type="checkbox"/> Delete
NAME	ARBOLEDA, RODRIGO	
STREET ADDRESS	C/O T J MULLIN 2655 LEJEUNE RD PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ARBOLEDA, CECILIA	
STREET ADDRESS	C/O T J MULLIN 2655 LEJEUNE RD PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ARBOLEDA, PEDRO MIGUEL	
STREET ADDRESS	C/O T J MULLIN 2655 LEJEUNE RD PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	cb TJ Mullin	
STREET ADDRESS	200 S. Biscayne Blvd., Suite 2000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same as above	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same as above	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature] **RODRIGO ARBOLEDA**, Feb 1, 2001, 305-361-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0618351