

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90142 015 ***150.00

DOCUMENT # K19083

1. Entity Name
INTER-AMERICAN CONSULTING GROUP, INC.



Principal Place of Business

200 S BISCAYNE BLVD.

SUITE 2000

MIAMI FL 33131

US

Mailing Address

200 S BISCAYNE BLVD.

SUITE 2000

MIAMI FL 33131

US

2. Principal Place of Business

611 NORTH MASHTA DR

3. Mailing Address

611 N MASHTA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAYNE FL

City & State

KEY BISCAYNE, FL

Zip

33149

Country

US

Zip

33149

Country

US

4. FEI Number

65-0047705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MULLIN, TERRANCE J

200 SOUTH BISCAYNE BLVD.

SUITE 2000

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

RODRIGO ARBOLEDA

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

611 NORTH MASHTA DR

City

KEY BISCAYNE

State

FL

Zip Code

33149

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

RODRIGO ARBOLEDA

MARCH 6, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ARBOLEDA, RODRIGO	
STREET ADDRESS	200 S BISCAYNE BLVD. STE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ARBOLEDA, CECILIA	
STREET ADDRESS	200 S BISCAYNE BLVD. STE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ARBOLEDA, PEDRO MIGUEL	
STREET ADDRESS	200 S BISCAYNE BLVD. STE 2000	
CITY-ST-ZIP	MIAMI FL 33131	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	611 N MASHTA DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input 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	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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]* **RODRIGO ARBOLEDA**

MARCH 6, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)