

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90089 037 ***150.00

DOCUMENT # K30228

1. Entity Name
CONSOLIDATED FINANCIAL, INC.

Principal Place of Business

7990 SW 117TH AVE
 SUITE 135
 MIAMI FL 33183
 US

Mailing Address

7990 SW 117TH AVE
 SUITE 135
 MIAMI FL 33183
 US

2. Principal Place of Business

12900 SW 128 ST

Suite, Apt. #, etc.

205

City & State

MIAMI, FL

Zip

33186

Country

USA

3. Mailing Address

12900 SW 128 ST

Suite, Apt. #, etc.

205

City & State

MIAMI, FL

Zip

33186

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0077084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARCIA, HECTOR

7990 SW 117TH AVE.
 SUITE 137
 MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

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

12900 SW 128 ST #205

City

MIAMI

FL

Zip Code

33186

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, 2002 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 **S** ☐ Delete
 NAME **GARCIA, CANDIDA**
 STREET ADDRESS **7990 SW 117 AVENUE SUITE 135**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **P** ☐ Delete
 NAME **GARCIA, CANDIDA**
 STREET ADDRESS **7990 SW 117 AVENUE SUITE 135**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VP** ☐ Delete
 NAME **GARCIA, HECTOR J.**
 STREET ADDRESS **7690 SW 117 AVE 137**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VP** ☒ Delete
 NAME **GARCIA, HECTOR**
 STREET ADDRESS **20215 SW-59 CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12900 SW 128 ST #205**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12900 SW 128 ST #205**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **12900 SW 128 ST #205**
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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

1/30/02 305280222

CR2E034 (9/01)