

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0031871

DOCUMENT # L00000010054

1. Entity Name
MIAMI CONSULTING LLC

02 JAN 22 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**671 NE 195TH STREET, APT 310
NORTH MIAMI BEACH FL 33179**

Mailing Address
**671 NE 195TH STREET, APT 310
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business
3550 Biscayne Blvd.

Suite, Apt. #, etc.
604

City & State
Miami, Florida

Zip
33137

Country
USA

3. Mailing Address
3550 Biscayne Blvd

Suite, Apt. #, etc.
604

City & State
Miami, Florida

Zip
33137

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1027761**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PETTINEROLI, DIMAS JULIO
671 NE 195TH STREET, APT 310
NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name
PETTINEROLI, Dimas Julio

Street Address (P.O. Box Number is Not Acceptable)
3550 Biscayne Blvd.

Suite # **604**

City
Miami

FL Zip Code
33137

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]* **01-17-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTINEROLI, DIMAS J 671 NE 195TH STREET, APT 310 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTINEROLI, Dimas J. 3550 Biscayne Blvd. Suite 604 Miami, Florida, 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PETTINEROLI, Fernando Dimas 3550 Biscayne Blvd. Suite 604 Miami, Florida 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

01-17-2002 (75) 5768442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)