

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-29-2001 90012 042 ***150.00

DOCUMENT # P00000019348

1. Entity Name
NEW PROFESSIONAL CONSULTANTS OF MIAMI, INC.

Principal Place of Business
**1890 SW 57 AVE.
 SUITE 107
 MIAMI FL 33155**

Mailing Address
**1890 SW 57 AVE.
 SUITE 107
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0983668

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOYA, NELSON JR.
 1890 SW 57 AVE.
 SUITE 107
 MIAMI FL 33155**

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.

(NOT 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTV GUARDARRAMOS, RAFAEL A 985 S.W. 32 AVENUE MIAMI FL 33142	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARDARRAMOS, RAFAEL A 985 S.W. 32 AVENUE MIAMI FL 33142	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV ELIAS, NADJAH 1890 SW 57 AVE. STE. 107 MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, NADJAH 1890 SW 57 AVE. STE. 107 MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the corporation or the receiver or trustee empowered to execute this report, changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)