

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 05, 2001 8:00 am
Secretary of State

03-15-2001 90026 033 ***150.00

DOCUMENT # P00000030407

1. Entity Name

INI CONSULTING GROUP, INC.

Principal Place of Business

**9270 E BAY HARBOR DRIVE SUITE 6B
 MIAMI FL 33154**

Mailing Address

**9270 E BAY HARBOR DRIVE SUITE 6B
 MIAMI FL 33154**

2. Principal Place of Business

19390 Collins Ave

Suite, Apt. #, etc.
922

City & State
Miami, FL

Zip
33160

Country
USA

3. Mailing Address

19390 Collins Ave

Suite, Apt. #, etc.
922

City & State
Miami, FL

Zip
33160

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0998284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROSILLO, FRANK A
 9270 E BAY HARBOR DRIVE SUITE 6B
 MIAMI FL 33154**

7. Name and Address of New Registered Agent

Name **Rosillo, Frank A.**

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

19390 Collins Ave, Suite 922

City **Miami, FL**

Zip Code
33160

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)

2/5/01
 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
 NAME **D ROSILLO, FRANK A** ☐ Delete
 STREET ADDRESS **9270 E BAY HARBOR DRIVE SUITE 6B**
 CITY-ST-ZIP **MIAMI FL 33154**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D Rosillo, Frank A.** ☒ Change ☐ Addition
 STREET ADDRESS **19390 Collins Ave, #922**
 CITY-ST-ZIP **Miami, FL 33160**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 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

2/5/01
 Date

Daytime Phone #

CR2E034 (10/00)