

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0283966
 AV

DOCUMENT # P00000031268

1. Entity Name
BMR INTERNET CONSULTING, INC.

03-06-2002 90003 044 ***150.00

Principal Place of Business
~~2121 PONCE-DE-LEON~~
~~SUITE 1220~~
~~CORAL GABLES FL 33134~~
~~US~~

Mailing Address
 9851 N.W. 43RD TERRACE
 MIAMI FL 33178



2. Principal Place of Business
11024 NW 72 Terr

3. Mailing Address
11024 NW 72 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0996062

Applied For
 Not Applicable

Zip
33178 Country
U.S.A.

Zip
33178 Country
U.S.A.

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

MANRIQUE, BERNARDO
9851 NW 43 TERR
MIAMI FL 33178

New Address

Name

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

11024 NW 72 Terr.

City **Miami, FL** Zip Code **33178**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MANRIQUE, BERNARDO**
 STREET ADDRESS **9851 NW 43 TERR**
 CITY-ST-ZIP **MIAMI FL 33178**
11024 NW 72 Terr
Miami, FL 33178

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/01)