

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90080 008 ***150.00

DOCUMENT # P00000004541 ✓

1. Entity Name

HUMAN CAPITAL CONSULTANTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18459 Pines Boulevard

Suite, Apt. #, etc.

217

City & State

Pembroke Pines

Zip

33029

Country

USA

3. Mailing Address

18459 Pines Boulevard

Suite, Apt. #, etc.

#217

City & State

Pembroke Pines FL

Zip

33029

Country

USA

80061741

DO NOT WRITE IN THIS SPACE

4. FEI Number

651008584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Francisco J. Sinta

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

18459 Pines Boulevard #217

City

Pembroke Pines

FL

Zip Code

33029

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.

FRANCISCO J. SINTA

(NOTE: Registered Agent signature required when reinstating)

03/27/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P/T
NAME Francisco J. Sinta
STREET ADDRESS 17691 SW 12 ST.
CITY-ST-ZIP Pembroke Pines FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S
NAME ERIC SMALLWOOD
STREET ADDRESS 16171 BLATT Boulevard #408
CITY-ST-ZIP WESTON FL 33326

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO J. SINTA

03/27/02

Date

954.9133212

Daytime Phone #

CR2E034B (12/01)