

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054105	
1. Entity Name V8 P. ECONOMIC CONSULTANTS INC.	
Principal Place of Business 145 MADEIRA AVE SUITE 310 CORAL GABLES 33134 MIAMI FLORIDA	Mailing Address 145 MADEIRA AVE SUITE 310 CORAL GABLES 33134
2. Principal Place of Business 21	3. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 26
City & State 23	City & State 27
Zip 24	Zip 28
County 25	County 29
4. FEI Number 65-1050 303	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAUL SANCHEZ DE VADONA 145 MADEIRA SUITE 310 CORAL GABLES 33134	
7. Name and Address of New Registered Agent 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 FL	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida	
SIGNATURE Signature, typed or printed name of registered agent and title of 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 <input type="checkbox"/> (See criteria on back)	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be added to Fees
11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, or on attachment with an address.	
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	