## 🊂 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2001 8:00 am DOCUMENT # P0000056401 **Secretary of State** M.E.S. CONSULTING, INC. 02-01-2001 90072 037 \*\*\*150.00 Principal Place of Business Mailing Address 11561 S.W. 98TH-STREET 11561 S.W. 98TH-STREET MIAMI FL 32176 MIAMI FL 38176 2. Principal Place of Business 3. Mailing Address 13298 SW 112 TEC the same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1022987 MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIAGLENA SALAZAR SALAZAR, MARIALEANA Street Address (P.O. Box Number is Not Acceptable) 11561 S.W. 98TH STREET MIAMLEL 33176 City MIAMI 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change ☐ Addition TITLE ☐ Delete SALAZAR, MARIALEANA NAME MAME MARIAELENA SALAZAM STREET ADDRESS STREET ADDRESS 11561 S.W. 98TH STREET 13298 SW 112 TEC \$3 MIAMY, \$1 33186 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change ÑAMP NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITI E TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP

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

1/18/2001

305-815-5931

Daytime Phor