2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2002 8:00 am P00000056401 DOCUMENT # **Secretary of State** 1. Entity Name M.E.S. CONSULTING, INC. 03-14-2002 90044 045 ***150 00 Principal Place of Business Mailing Address 13298-SW-112TH TERRACE 19296 SW-112TH TERRACE 11917 SW 73 Terrace 11917 SW 73 TEr WIAMI FL 33188 MIDMI, Fl 33183 MIAMI, FI . 33183 2. Principal Place of Business 3. Mailing Address 11917 SW 73 TEC 11917 SW 73 TER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI City & State City & State 4. FEI Number Applied For 65-1022987 MAMI Not Applicable 33183 U.S.A. Country S. A. \$8.75 Additional 33183 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELENA MARIAELENA sala zar SALAZAR, MARIALEANA Street Address (P.O. Box Number is Not Acceptable) 13298 SW 112 TERR #3-SW **MIAMI FL 33188** 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE TITLE Change ☐ Addition MARIALLENA SALAZAR SALAZAR, MARIALEANA MARIAELENA NAME 11917 SW 73 TEr 13298 SW 112 TERRACE #3 11917 SW 73 TEC CR2E034 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 五、33183 33183 CITY-ST-ZIP CITY-ST-ZIP 干1. MIAmi TITI F ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □.Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.