

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90416 025 ***150.00

DOCUMENT # P00000058027

1. Entity Name
CONSULTED, INC.

Principal Place of Business
3005 NE 190TH ST., #208
AVENTURA FL 33180

Mailing Address
3005 NE 190TH ST., #208
AVENTURA FL 33180

00029726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20225 NE 34TH AVENUE

3. Mailing Address

Suite, Apt. #, etc.
DELVISTA CT., #713

Suite, Apt. #, etc.

City & State
AVENTURA, FL.

GELBER & COMPANY

285 N.W. 199th STREET, #204

4. FFL Number
65-1026546

Applied For
 Not Applicable

Zip
33180

Country
USA

Zip
MIAMI, FL 33169

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

RODRIGUEZ, EDWARD
3005 NE 190TH ST., #208
AVENTURA FL 33180

Name

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

City

FL

Zip Code

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 _____ (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, 2001 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
PRESIDENT ☐ Delete
 NAME
EDWARD RODRIGUEZ
 STREET ADDRESS
3005 NE 190TH ST., #208
 CITY-ST-ZIP
AVENTURA, FL. 33180

TITLE
PRESIDENT ☒ Change ☐ Addition
 NAME
EDWARD RODRIGUEZ
 STREET ADDRESS
20225 NE 34 AVE. DELVISTA CT #713
 CITY-ST-ZIP
AVENTURA, FL. 33180

TITLE
 NAME
 STREET ADDRESS
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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: Edward Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/28/01

305-926-9560

0027928

CR2E034 (10/00)