

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90017 027 ***550.00

DOCUMENT # P00000073771

1. Entity Name
FORNES CONSULTING CORP.

Principal Place of Business

**42 TRACY ST. REAR STE.
 BUFFALO NY 14201**

Mailing Address

**42 TRACY ST. REAR STE.
 BUFFALO NY 14201**

2. Principal Place of Business

16880 SW 7th St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 822886

Suite, Apt. #, etc.

South Florida P+DC

City & State

Pembroke Pines FL

Zip

33027

Country

Broward

City & State

Pembroke Pines FL

Zip

33082

Country

Broward

4. FEI Number

65-1032929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS, INC.

526 E PARK AVE

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

SAME

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.

SAME

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

SANDRA Fornes

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P.V.T.** ☐ Delete
 NAME **SANDRA Fornes**
 STREET ADDRESS **16880 SW 7th St**
 CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE **S** ☒ Delete
 NAME **Lisa Fornes**
 STREET ADDRESS **40 MILL ST**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/01

954-442-1741

Daytime Phone #

0157316 13

CR2E034 (5/01)