

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106479

1. Entity Name

R. FONSECA CONSULTING, INC.

Principal Place of Business

2465 SW 17TH AVENUE  
MIAMI FL 33145

Mailing Address

2465 SW 17TH AVENUE  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

14727 S.W. 61 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33193

Miami-Dade

4. FEI Number

65-1058961

Applied For

Not Applicable

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

ZOMERFELD, RAYMOND J CPA  
2151 LEJEUNE ROAD SUITE 312  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if 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. ☐  
(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 NAME STREET ADDRESS CITY-ST-ZIP	PVST FONSECA, RICHARD R SR 14727 SW 61 TERRACE MIAMI BEACH FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fonseca. Ricardo R. Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14727 S.W. 61 Terrace Miami, Florida 33193-2407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONSECA, RICHARD R SR 14727 SW 61 TERRACE MIAMI BEACH FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ricardo R. Fonseca-SR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10/2001

Date

(305) 388-9618

Daytime Phone #

FILED  
Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90055 050 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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