

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110956

1. Entity Name

INSPET CONSULTING INC.

Principal Place of Business

6882 SW 130 AVE
MIAMI FL 33183

Mailing Address

6882 SW 130 AVE
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTALVO, ALEJANDRO
6882 SW 130 AVE
MIAMI FL 33183

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PRIETO, ALBA	
STREET ADDRESS	PUERTO LA CRUZ	
CITY-ST-ZIP	ESTADO ANZOATEGUI VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, YACILES	
STREET ADDRESS	LOS CASTANOS	
CITY-ST-ZIP	CARACAS VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALCEDO, VICENTE	
STREET ADDRESS	2 TRANSVERSAL LAS LUCCS NO 1532	
CITY-ST-ZIP	EL CEMENTERIO CARACAS 1040	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORA, CARLOS	
STREET ADDRESS	AV PAES RESD MI RANCHO 2 PISO 10	
CITY-ST-ZIP	CARACAS VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMBOA, YULY	
STREET ADDRESS	CALLE LAS FLORES EDIF CAVALIER APT 2-3	
CITY-ST-ZIP	SABANA GRANDE	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTALVO, ALEJANDRO	
STREET ADDRESS	6882 SW 130 AVE	
CITY-ST-ZIP	MIAMI FL 33183	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 305-724-7345

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90216 045 ***150.00

765906



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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