

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000001926

1. Entity Name
PARGAS CONSULTING, INC.



Principal Place of Business
9700 S. DIXIE HIGHWAY #900
MIAMI, FL 33156

Mailing Address
9700 S. DIXIE HIGHWAY #900
MIAMI, FL 33156

11041505

2. Principal Place of Business
7700 N. Kendall Drive
Suite, Apt. #, etc.
515

3. Mailing Address
7700 N. Kendall Drive
Suite, Apt. #, etc.
515



☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33156 Country
USA

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Miami, FL
Zip
33156 Country
USA

4. FEI Number
65-1065830

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARGAS, CARLOS B
13922 S.W. 27 TERRACE
MIAMI, FL 33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when making change)

DATE

FILE NOW!! - FEE IS \$150.00
After May 1, 2003 Fee Will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
PARGAS, CARLOS B
7700 N. KENDALL DR #515
MIAMI, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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 #

CR2E034 (10/02)

4/29/03 **305-273-0790**