

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000011350**

1. Entity Name

**SOARES CONSULTING, INC.**

Principal Place of Business

**420 SW 83RD WAY #207  
PEMBROKE PINES FL 33025**

Mailing Address

**420 SW 83RD WAY #207  
PEMBROKE PINES FL 33025**

2. Principal Place of Business

**15726 NW 10TH STREET**

Suite, Apt. #, etc.

3. Mailing Address

**15726 NW 10TH STREET**

Suite, Apt. #, etc.

City &amp; State

**PEMBROKE PINES, FL**

Zip

**33028**

Country

**USA**

City &amp; State

**PEMBROKE PINES, FL**

Zip

**33028**

Country

**USA**

4. FEI Number

**65-1076490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE SUITE 1114  
MIAMI BEACH FL 33139****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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **SOARES, JOHN**  
**CITY-ST-ZIP** **420 SW 83RD WAY #207**  
**PEMBROKE PINES FL 33025****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**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** **SOARES, JOHN**  
**STREET ADDRESS** **15726 NW 10TH STREET**  
**CITY-ST-ZIP** **PEMBROKE PINES, FL 33028****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ 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:****JOHN SOARES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/4/2002**  
Date**954-436-5336**  
Debit Phone #**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90002 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)