

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90158 039 \*\*\*150.00

**DOCUMENT # P01000031919**

1. Entity Name  
**ELIPTEK CONSULTING, INC.**

Principal Place of Business

**6405 NW 36 STREET STE 105  
 MIAMI FL 33166**

Mailing Address

**6405 NW 36 STREET STE 105  
 MIAMI FL 33166**

2. Principal Place of Business

**6405 NW 36<sup>th</sup> Street**

3. Mailing Address

**6405 NW 36<sup>th</sup> Street**

Suite, Apt. #, etc.

**Suite 107**

Suite, Apt. #, etc.

**Suite 105**

City & State

**Miami, Florida**

City & State

**Miami, FL**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number

**65-1110047**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SEDDON, ALSTAIR M**

**915 NW 1ST AVENUE, #2905  
 MIAMI FL 33136**

7. Name and Address of New Registered Agent

Name

**Marco P. Ibarra**

Street Address (P.O. Box Number is Not Acceptable)

**5641 NW 112<sup>th</sup> Ave # 113**

City

**Miami**

**FL**

Zip Code **33178**

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

*Marco P. Ibarra*

(NOTE: Registered Agent signature required when reinstating)

**3/25/02**

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  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **IBARRA, MARCO POLO**  
 STREET ADDRESS **5541 BW 112 AVE APT 203**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **SD** ☒ Delete  
 NAME **SEDDON, ALASTAIR M**  
 STREET ADDRESS **915 NW 1ST AVE., STE. 2905**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **TD** ☐ Delete  
 NAME **FORD, WILLIAM E JR.**  
 STREET ADDRESS **915 NW 1ST AVE., STE. 2905**  
 CITY-ST-ZIP **MIAMI FL 33136**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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

*Marco P. Ibarra*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/15/02**

Daytime Phone #

**305.870.0717**

CR2E034 (9/01)