

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90131 004 ***150.00

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DOCUMENT # P01000031919

1. Entity Name
ELIPTEK CONSULTING, INC.



Principal Place of Business
**6405 NW 36 STREET
SUITE 107
MIAMI FL 33166**

Mailing Address
**6405 NW 36 STREET
SUITE 107
MIAMI FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1110047**

Applied For
Not Applicable

Zip Country

Zip Country

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

**IBARRA, MARCO P
5641 NW 112TH AVENUE
SUITE 113
MIAMI FL 33178**

Name **Marco P. Ibarra**
Street Address (P.O. Box Number is Not Acceptable)
5780 NW 113th Ave
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marco P. Ibarra, President** **4/28/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☐ Addition
NAME **Marco P. Ibarra**
STREET ADDRESS **5780 NW 113th Ave**
CITY-ST-ZIP **Miami, FL 33178**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

305.870.0717
Daytime Phone #

CR2E034 (10/02)