

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90224 050 ***150.00

DOCUMENT # Miami Consultant Inc.
1. Entity Name PO1000074427 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10255 SW 145 PL
3. Mailing Address 10255 SW 145 PL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami FL **City & State** Miami FL **4. FEI Number** 05-1128045 **Applied For**
Zip 33186 **Country** US **Zip** 33186 **Country** US **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William Groh
Street Address (P.O. Box Number is Not Acceptable)
10255 SW 145 PL
City Miami **FL** **Zip Code** 33186

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  **4-25-02**
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) ☐ **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	CAROLYN WAGNER - Secretary	TITLE	
NAME	10255 SW 145 PL	NAME	
STREET ADDRESS	Miami FL 33186	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	Christen Pacheco - Vice President	TITLE	
NAME	10255 SW 145 PL	NAME	
STREET ADDRESS	Miami FL 33186	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-25-02** **305-915-3208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/01)