

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90140 038 ***150.00

DOCUMENT # P01000088174

1. Entity Name

CARTAGENA CONSULTING, INC.



Principal Place of Business

500 HENDRICK ISLE #2
FORT LAUDERDALE FL 33301

Mailing Address

500 HENDRICK ISLE #2
FORT LAUDERDALE FL 33301

2. Principal Place of Business

2739 SW 126 Way
Suite, Apt. #, etc.
Miramar FL 33027
City & State

3. Mailing Address

2739 SW 126 Way
Suite, Apt. #, etc.
Miramar FL 33027
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1140027

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTAGENA, MICHAEL A
500 HENDRICK ISLE #2
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name Mike Cartagena
Street Address (P.O. Box Number is Not Acceptable)
2739 SW 126 Way
Miramar,
City FL Zip Code 33027

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 *Mike Cartagena* Mike Cartagena, CEO

1/12/03

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

TITLE P
NAME CARTAGENA, MICHAEL A ☒ Delete
STREET ADDRESS 500 HENDRICK ISLE #2
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE P
NAME Cartagena, Michael A ☐ Delete
STREET ADDRESS 2739 SW 126 Way
CITY-ST-ZIP Miramar, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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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: *Mike Cartagena* Mike Cartagena, CEO 1/12/03 (934) 296-3840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)