

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90315 011 ***150.00

DOCUMENT # P01000104187

1. Entity Name

FIBCCO - FINANCE INTERNATIONAL BUDGET CONSULTANT CO.

Principal Place of Business

**554 NORTHWEST 75 STREET
 MIAMI FL 33127**

Mailing Address

**POST OFFICE BOX 510279
 MIAMI FL 33151**

2. Principal Place of Business

**554 NW 54 STREET
 SUITE, APT. #, ETC.
 MIAMI, FL**

3. Mailing Address

**P.O. BOX 510279
 SUITE, APT. #, ETC.
 MIAMI, FL**

City & State

33127 MIAMI-DADE

City & State

33151 MIAMI-DADE

Zip

Country

Zip

Country

4. FEI Number

#65-1148864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

**NAME: SPIEGEL-UTRERA, P.A.
 STREET ADDRESS (P.O. Box Number is Not Acceptable):
 1840 SW 22ND ST.
 4TH FLOOR
 CITY: MIAMI FL ZIP CODE: 33145**

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 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

**TITLE: PSTD
 NAME: DORCELY, JEAN A.
 STREET ADDRESS: 954 NORTHWEST 75 STREET
 CITY-ST-ZIP: MIAMI FL 33150**

**TITLE: V
 NAME: SAINT-HILAIRE, AVERCIE
 STREET ADDRESS: 954 NORTHWEST 75 STREET
 CITY-ST-ZIP: MIAMI FL 33150**

**TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete**

**TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete**

**TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete**

**TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE: PSTD
 NAME: DORCELY, JEAN A.
 STREET ADDRESS: 554 NW 54 ST
 CITY-ST-ZIP: MIAMI FL 33127** ☒ Change ☐ Addition

**TITLE: V
 NAME: SAINT-HILAIRE - AVERCIE
 STREET ADDRESS: 554 NW 54 ST
 CITY-ST-ZIP: MIAMI FL 33127** ☒ Change ☐ Addition

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

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

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

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

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 a copy of the report.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02 **1-866-225-4384**
(305) 693-9201

Date

Daytime Phone #

CR2E034 (9/01)