FILED

03 JUL -7 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104187

1. Entity Name FIBCCO-FINANCE INTERNATIONAL BUDGET CONSULTANTS, CO.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
554 NW 54th ST Suite, Apt. #, etc.	P.O.Box 510279 Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33127 Country: MIAMI-DADE	Zip: 33151 Country: MIAMI-DADE

4. FEI Number 65-114.8864 ☐ Applied For ☐ Not Applicable

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: JEAN A. DORCELY

Street Address (P.O. Box Number is Not Acceptable): 654 NW 54th ST

City: MIAMI FL Zip Code: 33127

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: _____ 05/24/03
Signature, Name of Officer or Director, 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JEAN A. DORCELY 554 NW 54TH ST MIAMI, FL 33127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ANERCKE ST HILAIRE Delete
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President/CEO 05/24/03 (786)344-0480
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #