

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

9/17/2003-90019-024-\$150.00-\$150.00

FILED

03 OCT 28 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** Pa 000009049

1. Entity Name  
CONSECUTIVE MANAGEMENT AND PAYMENTS, INC *Q*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 11730 A NORTH DALE MABRY HWY Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33614	Country	Zip	Country

**REINSTATEMENT** 80410287 07

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0585297		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
RAMSEY MOUMNEH

Street Address (P.O. Box Number is Not Acceptable)  
11730 A NORTH DALE MABRY HWY

City  
TAMPA

FL

Zip Code  
33614

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing:  \$5.00 May Be Added to Fees  
Trust Fund Contribution:

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RAMZY MOUMNEH 11730 A NORTH DALE MABRY TAMPA, FL 33618
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IN THIS SPACE**

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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*2/13*

Attachment

80148727

PO2000009049

*Consecutive Management And Payments, Inc.*

*11730 A North Dale Mabry Hwy*

*Tampa, Florida 33618*

*(813) 901-8107*

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September 13, 2003

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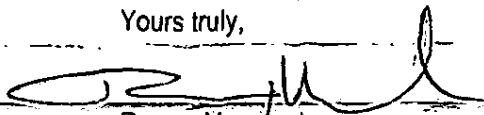
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Consecutive Management and Payments, Inc. Uniform Business Report.

Please be advised that during a routine search by our accountants, it was noted that we had not filed our uniform business report. We relocated our offices in 2002 and all of the mail forwarded to our new location did not make it.

We did not receive the uniform business report or any other notifications. Enclosed is a UBR prepared by our accountants and a check for \$150. please accept this as payment of our annual fee.

Yours truly,



Ramzy Mounineh  
President