

FILED
May 05, 2003 8:00 am
Secretary of State

04-14-2003 90741 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000009142

1. Entity Name
TUDOG INTERNATIONAL CONSULTING, INC.



Principal Place of Business
3127 W HALLANDALE BCH BLVD STE 115
PEMBROKE PARK FL 33009

Mailing Address
3127 W HALLANDALE BCH BLVD STE 115
PEMBROKE PARK FL 33009



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1975 East Sunrise Blvd.
Suite, Apt. #, etc. 625

3. Mailing Address
1975 East Sunrise Blvd
Suite, Apt. #, etc. 625

City & State
Ft. Lauderdale, FL
Zip 33304 Country USA

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Ft. Lauderdale, FL
Zip 33304 Country USA

4. FEI Number
35-2158610
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRANK, CRAIG
3127 W HALLANDALE BCH BLVD STE 115
PEMBROKE PARK FL 33009

7. Name and Address of New Registered Agent
Name Craig Frank
Street Address (P.O. Box Number is Not Acceptable)
1975 East Sunrise Boulevard
625
City Ft. Lauderdale FL Zip Code 33304

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$160.00
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	<input type="checkbox"/> Delete
NAME	FRANK, CRAIG
STREET ADDRESS	3127 W HALLANDALE BCH BLVD STE 115
CITY - ST - ZIP	PEMBROKE PARK FL 33009
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 954-754-990/
Date Daytime Phone

CR2E034 (10/02)