

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

04-14-2003 90377 038 ***150.00

DOCUMENT # P02000014280

1. Entity Name
VOX CONSULTING GROUP, INC.



Principal Place of Business
**4961 SW 75 AVE.
MIAMI FL 33155**

Mailing Address
**4961 SW 75 AVE.
MIAMI FL 33155**



2. Principal Place of Business
7340 SW 48 St.

3. Mailing Address
7340 SW 48 St.

Suite, Apt. #, etc.
Suite 108 A

Suite, Apt. #, etc.
Suite 108 A

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
03-0437108

Applied For
☐ Not Applicable

Zip
33155

Country
USA

Zip
33155

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVAS, CARLOS
4961 SW 75 AVE.
MIAMI-FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RIVAS, CARLOS**
STREET ADDRESS **4961 SW 75 AVE.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☒ Change ☐ Addition
NAME **7340 SW 48 St. Suite 108 A**
STREET ADDRESS **Miami, FL 33155**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete
NAME **MOLINA, ELIZABETH**
STREET ADDRESS **4961 SW 75 AVE.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☒ Change ☐ Addition
NAME **7340 S.W 48 St. Suite 108 A**
STREET ADDRESS **Miami, FL 33155**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

CR2E034 (10/02)