

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91884 019 ***150.00

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DOCUMENT # P02000018959

1. Entity Name
TOTAL SOLUTION CONSULTING, INC.



Principal Place of Business
**15143 NW 91ST CT
MIAMI LAKES FL 33018**

Mailing Address
**15143 NW 91ST CT
MIAMI LAKES FL 33018**



2. Principal Place of Business

3. Mailing Address

8004 NW 154th ST

8004 NW 154th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 326

SUITE 326

City & State

City & State

MIAMI LAKES, FL

MIAMI LAKES, FL

Zip

Country

Zip

Country

33016

USA

33016

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

01-0603436

☒ Not Applicable

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

**FORTE, JORGE
15143 NW 91ST CT
MIAMI LAKES FL 33018**

Name

JORGE FORTE

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

8004 NW 154th ST

SUITE 326

City

MIAMI LAKES

FL

Zip Code

33016

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 ☐ Delete
NAME **D FORTE, JORGE**
STREET ADDRESS **15143 NW 91ST CT**
CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE ☐ Change ☐ Addition
NAME **D FORTE, JORGE**
STREET ADDRESS **8004 NW 154 STREET, # 326**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/29/03

Date

786-859-1486

Daytime Phone #

CR2E034 (10/02)