

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90099 044 ***150.00

DOCUMENT # P02000027563

1. Entity Name

IMMIGRATION & BUSINESS CONSULTANT, CORP.



Principal Place of Business

10200 NW 25 ST. STE 207
MIAMI FL 33172

Mailing Address

10200 NW 25 ST. STE 207
MIAMI FL 33172

2. Principal Place of Business

10200 NW 25th

3. Mailing Address

10200 NW 25th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

207

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33172

USA

33172

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0405590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARDO, MARCO A
304 PALERMO AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **SONIA POLO**

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

5035 SW 147 PL

City

MIAMI

FL

Zip Code

33158

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 **SONIA POLO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3/10/03

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

TITLE **PT** ☐ Delete
NAME **SALVADOR, YOLANDA**
STREET ADDRESS **10200 NW 25 ST, STE 207**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VS** ☐ Delete
NAME **POLO, SONIA**
STREET ADDRESS **10200 NW 25 ST, STE 207**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

YOLANDA SALVADOR JIREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

(305) 477-0524

Daytime Phone #

CR2E034 (10/02)