

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

05-01-2003 90287 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P02 000046810*

1. Entity Name

MESIAS Consulting INC



20038361

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1402 NW 98 Terrace

Suite, Apt. # etc

3. Mailing Address

1402 NW 98 Terrace

Suite, Apt. # etc

DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

City & State

Gainesville FL

46-047724

Add. Get For

Not Applicable

Zip

32606

Country

USA

Zip

32606

Country

USA

\$8.75 Additional

Fee

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HELENA MESIAS-TODD

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

1402 NW 98 Terrace

Gainesville FL

FL

Zip Code

32606

8. The above named entity submits this statement for the purpose of charging the fee for the registration of the entity in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Helena Yegor's Todd - President -

April 28th, 2003

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. Filing of Corporate Financing

\$5.00 May Be

Added to Fees

☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>Helena Mesias-Todd</i>
STREET ADDRESS	<i>1402 NW 98 Terrace</i>
CITY-ST-ZIP	<i>Gainesville FL, 32606</i>
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.01, F.S. If the information is not true and accurate, I shall have the same registered under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this filing. Chapter 607, Florida Statutes, and that my name appears in block 10 or on an attachment with an address, with or without employment.

SIGNATURE:

Helena Yegor's Todd

HELENA MESIAS-TODD April 28th, 2003 3522194599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Required

CR#0049 (12/02)