

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90207 041 \*\*\*150.00

**DOCUMENT #** P02000085861

**1. Entity Name**

INDIGO CONSULTING CORP.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2950 S.W. 189TH TERRACE

Suite, Apt. #, etc.

**3. Mailing Address**

901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 606

**City & State**

MIRAMAR, FL

**City & State**

CORAL GABLES, FL

**Zip**

33029

**Country**

**Zip**

33134

**Country**

**4. FEI Number**

75-3075637

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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**7. Name and Address of Current Registered Agent**

**Name**

JAIME MIAZOA

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

2950 S.W. 189TH TERRACE

**City**

MIRAMAR

**FL**

**Zip Code**

33029

**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**

**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. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
PRESIDENT  
JAIME MIAZOA  
2950 S.W. 189TH TERRACE  
MIRAMAR, FL 33029

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
VICE-PRESIDENT  
ZULME MIAZOA  
2950 S.W. 189TH TERRACE  
MIRAMAR, FL 33029

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

Indigo Consulting Corp.  
901 Ponce de Leon Boulevard  
Suite 606  
Coral Gables, FL 33134

Attachment  
# P02000085861  
80118743

May 7, 2003

Division of Corporations  
~~Uniform Business Report Filings~~  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Document # P02000085861**

To Whom It May Concern:

Please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606, Coral Gables, FL 33134. Accordingly, we did not receive on a timely basis the Uniform Business Report for the year 2003. In addition, our accountant at the time did not advise us of such requirements. We have subsequently hired a competent accountant, which can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate any penalties assessed to our account.

If you should have any questions or doubts regarding this letter please do not hesitate to contact my accountant, Susan M. Garcia, at (305) 446-7313 Monday-Friday between the hours of 9am to 5pm.

Sincerely,

  
Jaime Miazosa