

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

DOCUMENT # *PO2000091166*

1. Entity Name

*L. F. Consultants Inc.*



**FILED  
Mar 05, 2003 8:00 am  
Secretary of State**

03-05-2003 90073 042 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

**90042809**

2. Principal Place of Business  
*15632 S.W. 44th*

Suite, Apt. #, etc.

3. Mailing Address  
*15632 S.W. 44th*

Suite, Apt. #, etc.

City & State  
*MIAMI, FLORIDA*

Zip  
*33185*

City & State  
*MIAMI, FLORIDA*

Zip  
*33185*

Country  
*USA*

Country  
*USA*

4. FEI Number  
*16-1632793*

Applied For  
Not Applicable

5. Certificate of Status Desired  
 **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
*LUIS J. Rivero, ESQ*

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

*782 N.W. 42nd Ave Suite 534*

City  
*MIAMI* FL Zip Code  
*33126*

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  
*DIRECTOR  
GEORGE FERNANDEZ  
15632 S.W. 44th  
MIAMI, FLA 33185*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *George Fernandez* GEORGE FERNANDEZ 3/2/03 305 220-2593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)