


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

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

05-12-2003 90211 018 ***150.00

DOCUMENT # PD2000105010	
1. Entity Name Consistent Enterprises, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14830 SW 153 Terr.	3. Mailing Address PO Box 836011
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State Miami FL	4. FEI Number 90-0061770	Applied For <input type="checkbox"/> Not Applicable
Zip 33187	Country USA	Zip 33283	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARCOS ARGUELLES
Street Address (P.O. Box Number is Not Acceptable) 14830 SW 158 Terr
City Miami
State FL
Zip Code 33187

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 constituting)

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 P Marcos Arguelles 14830 SW 153 Terr Miami, Florida 33187	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 supplementing 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

President

4/30/03 (305) 219-5488

Date

Daytime Phone #

CR2E034B (12/02)