

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91788 021 \*\*\*150.00

**DOCUMENT # P02000105048**

1. Entity Name  
**C. P. A. CONSULTING, CORP.**



Principal Place of Business  
**1560 SAWGRASS CORPORATE PARKWAY  
#400  
SUNRISE, FL 33323**

Mailing Address  
**1560 SAWGRASS CORPORATE PARKWAY  
#400  
SUNRISE, FL 33323**

2. Principal Place of Business

3. Mailing Address

**16700 SOUTH POST. RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**104**

City & State

**WESTON, FL**

Zip

Country

**33331**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-2076424**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERVERMAX  
1560 SAWGRASS CORPORATE PARKWAY  
#450  
SUNRISE, FL 33323**

Name

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

City

**FL**

Zip Code

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's signature required when submitting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **POURRAIN, FABIAN A**  
STREET ADDRESS **1560 SAWGRASS CORPORATE PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition  
NAME **GAVIRIA, ANA CRISTINA**  
STREET ADDRESS **1560 SAWGRASS CORP. PKWY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **D** ☐ Change ☒ Addition  
NAME **CARVAJAL TIGREROS, MAGALY**  
STREET ADDRESS **1560 SAWGRASS CORP. PKWY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

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: **GAVIRIA, ANA CRISTINA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/07/2003 954-394-0005**

Date

Daytime Phone #

CR2EC04 (10/02)