FILED

## 2003 FOR PROFIT CORPORATION

## Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000112919 **DOCUMENT #** 04-23-2003 90154 015 \*\*\*150.00 1. Entity Name MULTICONSULTING GROUP, INC. Principal Place of Business Mailing Address 4969 SW 165TH AVE 4969 SW 165TH AVE MIRAMAR FL 33027 MIRAMAR FL 33027 Principal Place of Business 3. Mailing Address 15 Executive Park Price 2813 Executive Park Avive ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For vestan Not Applicable WcstonCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-LONDONO, CARLOS H 4969 SW 165TH AVE MIRAMAR FL 33027 Miraman 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. (amila SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE LONDONO, CARLOS H V NAME NAME (alle 100 No. 8A-SS, Turre C # 809 STREET ADDRESS 4969 SW 165TH AVE STREET ADDRESS **MIAMI FL 33027** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ARANCIBIA, CARLOS R Calle 100 No. 84-55, Torre C # 809 NAME NAME STREET ADDRESS 6885 NW 25TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33122 CITY-ST-ZIP ☐ Change ☐ Addition\* TITLE Delete TITLE DUARTE, CAMILO NAME NAME STREET ADDRESS 4969 SW 165TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33027 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

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