

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 10, 2003 8:00 am  
Secretary of State

04-10-2003 90153 034 \*\*\*150.00

DOCUMENT # P02000114193 1. Entity Name ST CONSULTING, INC
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 5151 COLLINS AVE. STE 1035 City & State MIAMI BEACH FL Zip 33140 Country USA	3. Mailing Address Suite, Apt. #, etc. 5151 COLLINS AVE. STE 1035 City & State MIAMI BEACH FL Zip 33140 Country USA
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4. FEI Number 13-4219915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name TANIRA FERREIRA Street Address (P.O. Box Number is Not Acceptable) 5151 COLLINS AVE, STE 1035 City MIAMI BEACH FL Zip Code 33140	

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	P TANIRA B D FERREIRA 5151 COLLINS AVE, STE 1035 MIAMI BEACH, FL 33140	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 #