FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90118 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00049973

DOCUMENT # P02000115907

1. Entity Name
BUSINESS CONSULTANTS ENTERPRISES INC

Principal Place of Business	Mailing Address
8004 NW 154TH ST #388 MIAMI LAKES, FL 33016 US	8004 NW 154TH ST #388 MIAMI LAKES, FL 33016 US

2. Principal Place of Business		3. Mailing Address	
15165 NW 77 Ave		15165 NW 77 Ave	
Suite, Apt. #, etc. # 2018		Suite, Apt. #, etc. # 2018	
City & State Miami Lakes FL		City & State Miami Lakes FL	
Zip 33014	Country USA	Zip 33014	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-0040376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, MARLENE
8004 NW 154TH ST
#388
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 15165 NW 77 Ave # 2018

City Miami Lakes FL Zip Code 33014

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 Marlene Garcia, Pres 3/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

CR2E034 (10/02)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, MARLENE 8004 NW 154 TH STREET MIAMI LAKES, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene Garcia 3/5/03 305557-7067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #