FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90245 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000117946**

1. Entity Name
INTERNATIONAL BUSINESS CONSULTING, CORP.

90123683

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

2. Principal Place of Business	3. Mailing Address
169 E FLAGLER ST	169 E FLAGLER ST
Suite, Apt. #, etc. # 1534	Suite, Apt. #, etc. # 1534
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country USA	Zip 33131 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 96-0719115 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MAFFEI, LUIS M
1560 SAWGRASS CORPORATE PARKWAY
#400
SUNRISE, FL 33323

7. Name and Address of New Registered Agent
Name: MAFFEI, LUIS M
Street Address (P.O. Box Number is Not Acceptable): 169 E FLAGLER STREET
1534
City MIAMI FL Zip Code 33131

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 ______________________ DATE ______
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
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 NAME: MAFFEI, LUIS M STREET ADDRESS: 1560 SAWGRASS CORPORATE PARKWAY #400 CITY-ST-ZIP: SUNRISE, FL 33323	☐ Delete	TITLE: VP NAME: MAFFEI, LUIS M STREET ADDRESS: 169 E.FLAGLER ST # 1534 CITY-ST-ZIP: MIAMI, FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: P NAME: VALESI, GEORGINA STREET ADDRESS: 169 E. FLAGLER STREET CITY-ST-ZIP: MIAMI, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: ______________________ 4/20/03 (305)357-8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #