

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90460 047 ***158.75

DOCUMENT # P02000120374

1. Entity Name
ADVENTOR CONSULTING, CORP.



Principal Place of Business
**1824 SE 4 AVE
FT. LAUDERDALE FL 33316**

Mailing Address
**1824 SE 4 AVE
FT. LAUDERDALE FL 33316**



2. Principal Place of Business
**1304 SW 160 AVE
Suite, Apt. #, etc.
PMB 205**

3. Mailing Address
**1304 SW 160 AVE
Suite, Apt. #, etc.
PMB 205**

☒ CHECK HERE IF MAKING CHANGES

City & State
SUNRISE FL

City & State
SUNRISE FL

4. FEI Number
04-3721960

Applied For
☐ Not Applicable

Zip
33326 Country
Broward

Zip
33326 Country
Broward

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

6. Name and Address of Current Registered Agent

**BARRANCO, FRANCISCO A
2394 SW 18 ST.
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **JAMIE BYINGTON**
Street Address (P.O. Box Number is Not Acceptable)
6401 SW 87 AVE Suite 210
City **MIAMI** FL Zip Code **33173**

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 **L B**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-25-03**

**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

TITLE **P** ☐ Delete
NAME **DE LEON, OSCAR**
STREET ADDRESS **14090 SW 28 CT**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE **T** ☒ Delete
NAME **PIERSON, ALBERT**
STREET ADDRESS **1940 NW 13 ST.**
CITY-ST-ZIP **MIAMI FL 33125**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)