


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91788 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000121088			
1. Entity Name INDUSTRIAL AND BUSINESS CONSULTANTS, CORP.			
Principal Place of Business 1560 SAWGRASS CORPORATE PARKWAY 400 SUNRISE, FL 33323		Mailing Address 1560 SAWGRASS CORPORATE PARKWAY 400 SUNRISE, FL 33323	
2. Principal Place of Business		3. Mailing Address 16700 SOUTH POST RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 104	
City & State		City & State WESTON, FL	
Zip	Country	Zip	Country
33331		33331	
4. FEI Number 76-0719114		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AVILA HUERTA, TAMARA N 1560 SAWGRASS CORPORATE PARKWAY 400 SUNRISE, FL 33323		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when submitting)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$850.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVILA HUERTA, TAMARA N 1560 SAWGRASS CORPORATE PARKWAY #400 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINNITI PEREZ, FRANCIS F. 1560 SAWGRASS CORP. PKWY #400 SUNRISE, FL, 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: AVILA HUERTA, TAMARA N.		04/09/2003 786-262-4829	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)