


99-03

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004916	
1. Entity Name <b>CONSUEGRA, INC.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY 16 AM 10:52

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2837 SW 25 ST</b>		3. Mailing Address <b>2837 SW 25 ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33133</b>	Country <b>US</b>	Zip <b>33133</b>	Country <b>US</b>

100020418781  
06/03/03--01041--008 \*\*750.00

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0369337</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent Name <b>MANUEL CONSUEGRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6380 W 24 CT #101</b> City <b>HIALEAH</b> FL Zip Code <b>33016</b>
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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 *Manuel Consuegra* DATE **5/14/03**

(NOTE: Registered Agent signature required when re-registering)

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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	(PD) MANUEL CONSUEGRA	TITLE	
NAME	2837 SW 25 ST	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: *Manuel Consuegra* DATE **5/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

**CONSUEGRA, INC.**

DOC. # P92000004916

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 1999 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

A handwritten signature in black ink, appearing to read "Manuel Consuegra", written over the printed name.

MANUEL CONSUEGRA  
PRESIDENT