

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90060 035 \*\*\*158.75

**DOCUMENT # P93000061552**

1. Entity Name

**CONSOLIDATED BELIZE SERVICES, LTD. INC.**

Principal Place of Business

Mailing Address

~~8854 N.W. 111TH TERRACE~~

~~8854 N.W. 111TH TERRACE~~

~~HALEAH FL 33018~~

~~HALEAH FL 33018~~

~~US~~

~~US~~

2. Principal Place of Business

3. Mailing Address

**10218 SW 1ST STREET**

**10218 SW 1ST ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

Zip

**33174**

Country

**USA**

Zip

**33174**

Country

**USA**

4. FEI Number

**65-0433864**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**BANZ, GUNTER**

St.

**10218 SW 1ST**

**MIAMI**

**FL**

Zip

**33174**

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.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**Feb 25, 2001**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BANZ, GUNTER</b>	
STREET ADDRESS	<b>8240 NORTHWEST 36TH STREET, SUITE 201</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>GRANT, MARVA</del>	
STREET ADDRESS	<del>8854 NORTHWEST 111TH TERRACE</del>	
CITY - ST - ZIP	<del>HALEAH FL</del>	
TITLE	<b>D. S.</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<b>D.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANZ, GUNTER</b>	
STREET ADDRESS	<b>10218 SW 1TH STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL 33174</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<b>D.S.T.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALEJANDRO CONSTANTINO</b>	
STREET ADDRESS	<b>728 SW 100TH CIRCLE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33174</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 25, 2001**

Date

**(305) 226-6166**

Daytime Phone #

CR2E034 (10/00)