

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000030014**

1. Entity Name

INTERNATIONAL PROFESSIONAL CONSULTANTS, INC.**FILED****Feb 23, 2000 8:00 am**
Secretary of State

02-23-2000 90026 030 ***158.75

Principal Place of Business

Mailing Address

8500 SW 92ND ST
SUITE 102
MIAMI FL 33156
USPO BOX 830245
MIAMI FL 33283-0245
US

00024671



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4816 S.W. 72 Av.

3. Mailing Address

P.O. Box 830245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0516780

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NIETO, CESAR C
11938 S.W. 75TH ST.
MIAMI FL 33183

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.

SIGNATURE

CESAR C. NIETO

02/15/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PVST ☐ Delete
NAME NIETO, CESAR C
STREET ADDRESS 11938 S.W. 75TH ST.
CITY-ST-ZIP MIAMI FL 33183TITLE S ☐ Change ☒ Addition
NAME MARIA A. NIETO
STREET ADDRESS 11938 S.W. 75 St.
CITY-ST-ZIP MIAMI FL 33183TITLE V ☐ Delete
NAME NIETO, ANTONIO
STREET ADDRESS 11898 S.W. 75 ST.
CITY-ST-ZIP MIAMI FL 33183TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 REQUIRED: NIETO

02/15/00

(305)667-9006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #