

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90004 048 ***158.75

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DOCUMENT # P94000030014

1. Entity Name
INTERNATIONAL PROFESSIONAL CONSULTANTS, INC.

Principal Place of Business

**4816 S.W. 72 AVE
 MIAMI FL 33156
 US**

Mailing Address

**PO BOX 830245
 MIAMI FL 33283
 US**



2. Principal Place of Business

11938 S.W. 75 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

65-0516780

Applied For

Not Applicable

Zip

33183

Country

DADE

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	NIETO, CESAR C	
STREET ADDRESS	11938 S.W. 75TH ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NIETO, ANTONIO	
STREET ADDRESS	11898 S.W. 75 ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NIETO, MARIA A	
STREET ADDRESS	11938 SW 75 ST	
CITY-ST-ZIP	MIAMI FL 33183	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIETO, CESAR C.	
STREET ADDRESS	11938 S.W. 75TH ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIETO, PATRICIA	
STREET ADDRESS	9937 S.W. 159 COURT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIETO, MARIA A.	
STREET ADDRESS	11938 S.W. 75TH ST	
CITY-ST-ZIP	MIAMI FL 33183	
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:

Cesar C. Nieto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/02

Date

305-596-6417

Daytime Phone #

CR2E034 (9/01)