**FILED** 

## 2003 FOR PROFIT CORPORATION

## May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P94000030014 DOCUMENT # 05-05-2003 90382 010 \*\*\*150.00 1. Entity Name INTERNATIONAL PROFESSIONAL CONSULTANTS, INC. Principal Place of Business Mailing Address 11938 SW 75 ST PO BOX 830245 MIAMI FL 33183 MIAMI FL 33283 US 2. Principal Place of Business 3. Mailing Address 102 Lane 3507 SW Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0516780 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name N/E70 NIETO, CESAR C Street Address (P.O. Box Number is 11938 S.W. 75TH ST. MIAMI FL 33183 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 . of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or prig FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NIETO, CESAR C NAME NAME STREET ADDRESS 11938 S.W. 75TH ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33183** CITY-ST-ZIP TITLE D٧ Delete TITLE Change Addition NAME NIETO, ANTONIO NAME STREET ADDRESS 9937 SW 159 CT STREET ADDRESS CITY-ST-7IE MIAMI FL 33196. CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NIETO, MARIA A ... NAME STREET ADDRESS 11938 SW 75 ST STREET ADDRESS CITY-ST-ZIF MIAMI FL 33183 CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 a other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

786-201-1452