

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018849

1. Entity Name

ITP CONSULTING, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90096 021 \*\*\*150.00

Principal Place of Business

1047 DEERPATH CT  
WESTON FL 33326  
US

Mailing Address

1047 DEERPATH CT  
WESTON FL 33327-1623  
US

2. Principal Place of Business

1397 Banyan Way

3. Mailing Address

1397 Banyan Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0568708

Applied For

Not Applicable

Zip

Country

33327

USA

Zip

Country

33327

USA

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

ANGULO, CARLOS  
1047 DEERPATH CT  
WESTON FL 33326

Name

Angulo, Carlos

Street Address (P.O. Box Number is Not Acceptable)

1397 Banyan Way

City

Weston

FL

Zip Code

33327

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)

3/16/00

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 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	PD	<input type="checkbox"/> Delete
NAME	ANGULO, CARLOS	
STREET ADDRESS	1047 DEERPATH CT	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIJARES, JUAN	
STREET ADDRESS	1047 DEERPATH CT	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GENOVA, MIGUEL	
STREET ADDRESS	1047 DEERPATH CT	
CITY-ST-ZIP	WESTON FL 33326	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1397 Banyan Way	
CITY-ST-ZIP	Weston, FL 33327	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1397 Banyan Way	
CITY-ST-ZIP	Weston, FL 33327	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanhueza-Angulo, Sara	
STREET ADDRESS	1397 Banyan Way	
CITY-ST-ZIP	Weston, FL 33327	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 (454) 647-8995

Date

Daytime Phone #

CR2E034 (9/99)