

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90048 041 ***158.75

DOCUMENT # P95000019948

1. Entity Name
INTERNATIONAL PROGRAMMERS AND CONSULTANTS, INC.

Principal Place of Business Mailing Address
 16609 NW 71 AVENUE 16609 NW 71 AVENUE
 MIAMI FL 33014 MIAMI FL 33014-7104

2. Principal Place of Business 3. Mailing Address
 7212 NW 56 ST 3948 NE 169th ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 501
 City & State City & State
 MIAMI FL NO MIAMI BEACH FL
 Zip 33160 Zip 33160 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0564342 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

DE RAMON, GONZALO
 16609 NW 71 AVENUE
 MIAMI FL 33014

Name DE RAMON, GONZALO
 Street Address (P.O. Box Number is Not Acceptable)
 3948 NE 169th ST UNIT 501
 City NO MIAMI BEACH FL Zip Code 33160

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 G. De Ramon DATE 1/11/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DE RAMON, GONZALO 16609 NW 71 AVENUE MIAMI FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.S.C. GONZALO DE RAMON 3948 NE 169th ST SUITE 501 NO. MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATOS, FRANK 16609 NW 71 AVE MIAMI FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARIOL, MARIO A 16609 NW 71 AVE MAIMI FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: G. De Ramon GONZALO DE RAMON 1/11/00 305.882-1616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)