

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 MIAMI FL 33014 **16609 NW 71 AVENUE MIAMI FL 33014-7104**

0004400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **7212 NW 56 ST** 3. Mailing Address **3948 NE 169th St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
501

City & State **MIAMI FL** City & State **NO MIAMI BEACH FL** 4. FEI Number **65-0564342** Applied For
 Not Applicable

Zip **33160** Country Zip **33160** 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
DE RAMON, GONZALO Name **DE RAMON, GONZALO**
16609 NW 71 AVENUE Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33014 **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. DeP* 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. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 (See criteria on back) **Make Check Payable to Department of State**

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.I.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 MIAMI 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. DeP* **GONZALO DE RAMON** Date 1/11/00 Daytime Phone # 305.882-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)