

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 08:00 AM
Secretary of State****DOCUMENT # P95000058782****1. Entity Name****SUMMIT CONSULTING GROUP OF MIAMI, INC.****Principal Place of Business**

3049 MARY ST.

MIAMI
33133

FL

Mailing Address

3049 MARY ST.

MIAMI
33133

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State**

Zip

Country

Zip

Country

4. FEI Number**65-0590580**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMADORSKY MARSHA G
2665 SOUTH BAYSHORE DRIVE, SUITE 603MIAMI
33133

FL

US

7. Name and Address of New Registered Agent**Name**

SARDINAS BENJAMIN A

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

3049 MARY STREET

City
MIAMI

FL

Zip Code
33133**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 BENJAMIN A. SARDINAS**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09/12/2000

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	SARDINAS ZEIDA C	3049 MARY ST	COCONUT GROVE FL 33133	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SARDINAS BENJAMIN A	3049 MARY ST	COCONUT GROVE FL 33133	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Benjamin A. Sardinas****Doc: 09/12/2000**