

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089263

1. Entity Name

INFORMATION TECHNOLOGY CONSULTING, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90261 040 ***150.00

Principal Place of Business

8900 SW 117 AVENUE
B-205
MIAMI FL 33186
US

Mailing Address

8900 SW 117 AVENUE
B-205
MIAMI FL 33186-2155
US

2. Principal Place of Business

7765 SW 87 AVE

Suite, Apt. #, etc.

209

3. Mailing Address

7765 SW 87 AVE

Suite, Apt. #, etc.

209

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

65-0624408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
RODRIGUEZ, ALBERTO J
4230 SOUTHWEST 143 AVENUE
MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KRAMER, OLIVER R
4230 SOUTHWEST 143 AVENUE
MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
8500 SW 149 TERR
MIAMI, FL 33158

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Alberto Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

305 912 0134

Date

Daytime Phone #

CR2E034 (9/99)