

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90062 008 \*\*\*150.00

**DOCUMENT # P96000006700**

1. Entity Name  
**INTERNATIONAL NETWORKING CONSULTING CORP.**

**INC NETWORKS, INC.**

Principal Place of Business

**2640 WEST 84TH STREET  
HIALEAH FL 33016**

Mailing Address

**2640 WEST 84TH STREET  
HIALEAH FL 33016**

2. Principal Place of Business

**9050 PINES BLVD.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**SUITE 480**

Suite, Apt. #, etc.

City & State

**PENNSBORO PINES, FLORIDA**

City & State

4. FEI Number

**65-0637839**

Applied For

Not Applicable

Zip

**33024**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PADRON, JOSE M**

**1471 BARCELONA WAY**

**WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **JOSE M. PADRON**

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

**1393 VICTORIA ISLE DRIVE**

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)

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, 2002 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 **PD** ☐ Delete  
NAME **PADRON, JOSE M**  
STREET ADDRESS **1471 BARCELONA WAY**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **SD** ☐ Delete  
NAME **FERRER, FELIX**  
STREET ADDRESS **240 OLD FEDERAL HIGHWAY #6**  
CITY-ST-ZIP **HALLANDALE FL 33009**

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 **PD** ☒ Change ☐ Addition  
NAME **PADRON, JOSE M**  
STREET ADDRESS **1393 VICTORIA ISLE DRIVE**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **SD** ☒ Change ☐ Addition  
NAME **FERRER, FELIX**  
STREET ADDRESS **1919 MADEIRA DRIVE**  
CITY-ST-ZIP **WESTON, FL 33327**

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/2002.**

Date

**954-252-8535**

Daytime Phone #

CR2E034 (9/01)