

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90183 020 ***158.75

DOCUMENT # P96000048507

1. Entity Name
B.I.B. CONSULTANTS, INC.

Principal Place of Business

Mailing Address

7041 GRAND NAT'L DR
228
ORLANDO FL 32819
US

7041 GRAND NAT'L DR
228
ORLANDO FL 32819
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0672356

Applied For

Not Applicable

Zip

Country

Zip

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

BLANCHET, EDUARDO
8013 RIDGE WAY
ORLANDO FL 32817

Name **DANIEL R. GUILLAN**

Street Address (P.O. Box Number is Not Acceptable)
7041 GRAND NATIONAL DUE.

SUITE 228

City **ORLANDO**

FL

Zip Code **32819**

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

3/4/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BLANCHET, EDUARDO M.**
 STREET ADDRESS **8013 RIDGE WAY**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MIRA, SILVIA E.**
 STREET ADDRESS **8013 RIDGE WAY**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **OSWALDO ELISSETCHE**
 STREET ADDRESS **7041 GRAND NATIONAL DUE. - SUITE 228**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **LILIANA SEIASS**
 STREET ADDRESS **7041 GRAND NATIONAL DUE. - SUITE 228**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

(407) 248-8222

Date

Daytime Phone #

CR2E034 (9/01)