

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96 0000 62 835**

1. Entity Name

**INDUSTRIAL MANAGEMENT CONSULTANTS, INC.**

Principal Place of Business

**1741 SW 120 TRR  
DAVIE, FL 33325**

Mailing Address

**7730 SW 68 TERRACE  
MIAMI FL 33143-2709**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 832137**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

Country

**33283-2137**

**US**

6. Name and Address of Current Registered Agent

**ACHILLES BALLESTAS  
7730 SW 68 TERRACE  
MIAMI FL 33143**

**REINSTATEMENT 08-00**

4. FEI Number **65-0756731**

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

7. Name and Address of New Registered Agent

Name **BALLESTAS & ASSOCIATES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)

**7730 SW 68 TRR**

City **MIAMI** FL Zip Code **33143**

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 **Achilles Ballestas** PRESIDENT, BALLESTAS & ASSOCIATES, INC. 4/28/00

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 **PSD** ☐ Delete  
NAME **MANGONI, GIANCARLO**  
STREET ADDRESS **1741 SW 120 TRR**  
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE **Δ** ☐ Delete  
NAME **MANGONI, CARL**  
STREET ADDRESS **1741 SW 120 TRR**  
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE **Δ** ☐ Delete  
NAME **MANGONI, PETER**  
STREET ADDRESS **1741 SW 120 TRR**  
CITY-ST-ZIP **DAVIE, FL 33325**

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 **500003280425--9**  
STREET ADDRESS **-06/07/00--01094--007**  
CITY-ST-ZIP **\*\*\*1050.00 \*\*\*1050.00**

TITLE ☐ Change ☐ Addition  
NAME **300003280473--1**  
STREET ADDRESS **-06/07/00--01094--031**  
CITY-ST-ZIP **\*\*\*1050.00 \*\*\*1050.00**

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: **Giancarlo Mangoni** **GIANCARLO MANGONI** 4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 E 034 (9/99)