## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000066177

1. Entity Name

CONSULT-LINK INTERNATIONAL SERVICES, INC.



## FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90120 001 \*\*\*150.00

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Principal Place of Business 2600 DOUGLAS RD. SUITE 402 CORAL GABLES FL 33134		2600	Mailing Address 2600 DOUGLAS RD. SUITE 402 CORAL GABLES FL 33134							
Principal Place of Business     3. Mailing Address				WH HILM						
,										
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4.	4. FEI Number 65-0690963		Applied For Not Applicable		
Zip	Country			Country	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	City & State  Country  5. Certificate of Status  6. Name and Address of Current Registered Agent  Name  ULLOA, CARLOS  2600 DOUGLAS RD, SUITE 402  CORAL GABLES FL 33134  City  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sthe obligations of registered agent.  GNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  FILE NOWILL FEE IS \$150.00					Name and Address of New Registe				
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CORAL GAB	LES FL 33134			,						
	RAL GABLES FL 33134  City  FL  Zip Code  above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac obligations of registered agent.									
8 The above par	med entity submits this statement	for the num	see of changing its	registered office or regis	stored on			- dith and	d 00000t	
the obligations	s of registered agent.	ioi tiic parp	osc of changing its	registered office of regis	stereu ay	ent, or both, in the state of horida.	i aili larilliai	with, and	ассері	
QUALITY INF										
SIGNATURE	nature, typed or printed name of registered age	ent and title if app	licable. (NOTE	Registered Agent signature requ	ired when re	einstating) E	ATE			
FILE	NOWILL FEE IS \$150.00		· · · · · · · · · · · · · · · · · · ·			10.000				
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Make Check Pa	ayable to Florida Department	of State				Trust Fund Contribution.	, ب	Added to	rees	
10.	OFFICERS AN	D DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN	111	
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	LLOA, CARLOS	^		NAME		•				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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SIGNATURE:

CITY-ST-ZIP

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SIGNZIONE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Change

☐ Change

Addition

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