

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90331 027 ***150.00

DOCUMENT # P96000067605

1. Entity Name
BUSINESS DEVELOPMENT CONSULTING GROUP, INC.



Principal Place of Business

80 S SHORE DR 408
MIAMI FL 33141
US

Mailing Address

1918 LIBERTY AVENUE
#4
MIAMI BEACH FL 33139
US

2. Principal Place of Business

2233 CALAIS DR

Suite, Apt. #, etc.
222D

City & State
MIAMI BEACH - FL

Zip
33141

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0690791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HUERTAS, VICTORIA
1918 LIBERTY AVENUE
#4
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
HUERTAS, VICTORIA

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

2233 CALAIS DR 222D

City
MIAMI BEACH

FL

Zip Code
33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTVS
HUERTAS, VICTORIA A
80 S SHORE DR SUITE 408
MIAMI BEACH FL 33141

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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HUERTAS, VICTORIA A
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MIAMI BEACH FL 33141

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTVS
HUERTAS, VICTORIA A
2233 CALAIS DR. SUITE 222D
MIAMI BEACH FL 33141

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/03 (305) 335-8388

CR2E034 (10/02)