

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068374

1. Entity Name

MAPA CONSULTING INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90102 033 ***550.00

Principal Place of Business

Mailing Address

1044B EAST MICHIGAN ST
ORLANDO FL 32806

1044B EAST MICHIGAN ST
ORLANDO FL 32806-8430

2. Principal Place of Business

3501 INVERRARY BLVD

3. Mailing Address

P.O. Box 590613

Suite, Apt. #, etc.

604

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

FORT LAUDERDALE FL

Zip

33319

Country

USA

Zip

33359-0613

Country

USA

4. FEI Number

59-3402491

Applied For

Not Applicable

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

GARIBAY, JUAN J
1044B EAST MICHIGAN ST
ORLANDO FL 32806

Name

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

3501 INVERRARY BLVD

604

City

LAUDERHILL

FL

Zip Code

33319

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

08/25/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARIBAY, JUAN	
STREET ADDRESS	1044B E MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARIBAY, JUDITH R	
STREET ADDRESS	1044B E MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MON, PABLO	
STREET ADDRESS	221 ARAGON AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	O-	<input type="checkbox"/> Delete
NAME	GOSS, SANDRA	
STREET ADDRESS	7025 BIG BEND DR	
CITY-ST-ZIP	ST CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

JUAN GARIBAY

08/25/2000 (954) 662-1

Date

Daytime Phone #

CR2E034 (9/99)