

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90173 021 ***150.00

DOCUMENT # P96000068374

1. Entity Name

MAPA CONSULTING INC.

Principal Place of Business

Mailing Address

3501 INVERRARY BLVD
 #604
 LAUDERHILL FL 33319

P O BOX 590613
 FORT LAUDERDALE FL 33359-0613

00066329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

230 D EAST DESOTO ST
 Suite, Apt. #, etc.

230 D. EAST DESOTO ST.
 Suite, Apt. #, etc.

City & State

CLERMONT, FL 34711

City & State

CLERMONT, FL 34711

4. FEI Number

59-3402491

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

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
 3501 INVERRARY BLVD
 #604
 LAUDERHILL FL 33319

Name

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

City

FL

Zip Code

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

04/30/01

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, 2001 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 230 D EAST DESOTO ST	
CITY-ST-ZIP	ORLANDO FL CLERMONT FL 34711	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARIBAY, JUDITH R	
STREET ADDRESS	1044B E MICHIGAN ST 230 D EAST DESOTO ST	
CITY-ST-ZIP	ORLANDO FL CLERMONT, FL 34711	
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARIBAY JUAN	
STREET ADDRESS	230 D EAST DESOTO ST.	
CITY-ST-ZIP	CLERMONT, FL 34711	
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:

JUAN J GARIBAY

04/30/01 (352) 243-5271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)