

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075234

1. Entity Name

BUSINESS SOLUTIONS CONSULTANTS, CORP.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90071 030 ***150.00

Principal Place of Business

6755 MAIN STREET
MIAMI LAKES FL 33014

Mailing Address

6755 MAIN STREET
MIAMI LAKES FL 33014-2071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0707383

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GONZALEZ, CARIDAD
6755 MAIN STREET
MIAMI LAKES FL 33014

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

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
NAME RUIZ, ILEANA V
STREET ADDRESS 8030 NW 166TH ST
CITY-ST-ZIP MIAMI FL 33016 ☒ Delete

TITLE ST
NAME GONZALEZ, CARIDAD
STREET ADDRESS 6560 LAKE BLUE DR
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE VP
NAME FUENTES, ELIO M
STREET ADDRESS 6560 LAKE BLUE DR
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME GONZALEZ CESAR L
STREET ADDRESS 6560 LAKE BLUE DR
CITY-ST-ZIP MIAMI LAKES, FL 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME GONZALEZ ELIO M
STREET ADDRESS 6560 LAKE BLUE DR
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Caridad Gonzalez CARIDAD GONZALEZ

3/7/00

305 340 1017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #