## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P96000086913** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name CONSULTANTS PROFESSIONAL ASSOCIATES INC-04-12-2000 90171 012 \*\*\*150.00 Mailing Address Principal Place of Business 12615 SW 91 ST. 12615 SW 91 ST. MIAMI FL 33186 MIAMI FL 33186-1872 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0730450 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MIAMI - DADE Fee Required 33131 MIAMI -DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARRIOS, LUIS R Street Address (P.O. Box Number is Not Acceptable) 12615 SW 91 ST. **MIAMI FL 33186** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition ☐ Change ☐ Delete TITLE TITLE BARRIOS, DORA BARRIOS, LUIS R NAME NAME 12615 SW 91 St \$1-216 STREET ADDRESS 12615 SW 91 ST. STREET ADDRESS MIAM; FC. 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Change Addition TITI F ☐ Delete BARRIOS, GERMAN A. 126155W 915t. #1-246 MIAMI, FL. 23186 BARRIOS, LUIS H NAME NAME 12615 SW 91 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change ☐ Addition TITLE ☐ Delete TITLE **BARRIOS, CARLOS** NAME NAME STREET ADDRESS 12615 SW 91 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** □ Change Addition ☐ Delete TITLE TITLE BARRIOS, MARIA E NAME NAME STREET ADDRESS 12615 SW 91 ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF MIAMI FL 33186 ☐ Chanαe [ Addition TITLE ☐ Delete BARRIOS, CONSTANZA NAME 12615 SW 91 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** DITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BARRIOS, RODOLFO NAMI NAME STREET ADDRESS 12615 SW 91 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CVY-ST-ZIP gloges not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if mode under rather than 13. I hereby certify that the information supplied with t indicated on this report or supplemental eport is curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as regained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trust changed, or on an attachment with an a