

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086913

1. Entity Name

CONSULTANTS PROFESSIONAL ASSOCIATES INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90008 017 ***150.00

Principal Place of Business

Mailing Address

1113 BLUE WOOD TERRACE (SAME)
WESTON, FL. 33327

2. Principal Place of Business

3. Mailing Address

PMB # 1125

1113 BLUE WOOD TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

169 EAST FLAGLER ST. 1534

City & State

City & State

MIAMI, FL.

WESTON, FL.

Zip

Country

Zip

Country

33131

MIAMI-DADE

33327

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUIS RAFAEL BARRIOS
1113 BLUE WOOD TERRACE
WESTON, FL. 33327

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LUIS R. BARRIOS
1113 BLUEWOOD TERRACE
WESTON, FL. 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GERMAN A. BARRIOS
1113 BLUEWOOD TERRACE
WESTON, FL. 33327 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.V.
LUIS H BARRIOS
1113 BLUEWOOD TERRACE
WESTON, FL. 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DORA BARRIOS
1113 BLUEWOOD TERRACE
WESTON, FL. 33327 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.S.
CARLOS BARRIOS
1113 BLUEWOOD TERRACE
WESTON, FL. 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.T.
MARIA E BARRIOS
1113 BLUEWOOD TERRACE
WESTON, FL. 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
CONSTANZA BARRIOS
1113 BLUEWOOD TERRACE
WESTON, FL. 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGO BARRIOS
1113 BLUEWOOD TERRACE
WESTON, FL. 33327 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/01

CR2E034 (11/00)