2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State
09-06-2000 90093 042 ***558.75

DOCUMENT # P96000097629

1. Entity Name

INTELIGENCIA QUALITATIVE HISPANIC RESEARCH, INC. ✓

Principal Place of Business	Mailing Address
1060 BRICKELL AVE SUITE 108 MIAMI FL 33131 US	1825 PONCE DE LEON BLVD. SUITE 135 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 108
City & State	City & State: Miami, Fl
Zip / Country	Zip: 33131 / Country: USA

4. FEI Number 65-0710725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JACKELINE P
1525 VENETIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	D FERNANDEZ, JACKELINE P 1525 VENETIA AVE CORAL GABLES FL 33134	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/00)

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: X SIGNATURE REQUIRED 8-30-00 305/381-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #