

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90007 033 ***150.00

DOCUMENT # P96000100838

1. Entity Name

PRODUCT CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

SW 8TH ST., STE. 211
 FL 33135

3501 SW 8TH ST., STE. 211
 MIAMI FL 33135-4139

80090022

2. Principal Place of Business

3. Mailing Address

745 SW 8TH AVE

745 SW 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33135 USA

33135 USA

4. FEI Number

65-0716429

Applied For

Not Applicable

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

GORRIZ, DOMINGO
 3501 SW 8TH ST., STE. 211
 MIAMI FL 33135

Name GORRIZ, DOMINGO

Street Address (P.O. Box Number is Not Acceptable)
 745 SW 8TH AVE 203

City MIAMI FL Zip Code 33135

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 OPS
 NAME GORRIZ, DOMINGO ☐ Delete
 STREET ADDRESS 3501 SW 8TH ST., STE. 211
 CITY-ST-ZIP MIAMI FL 33135

TITLE OPS ☒ Change ☐ Addition
 NAME GORRIZ, DOMINGO
 STREET ADDRESS 745 SW 8TH AVE STE 203
 CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 305.445.5109
 Date Daytime Phone