

# 2001 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # **997000001005**

1. Entity Name

**MINERVA CONSULTING, INC.**

Principal Place of Business

Mailing Address

**12970 S.W. 107 TERR  
MIAMI, FL 33186**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 14 AM 6:30

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0729307**

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

**MARTHA MONTES-DE-OCA (Due to marriage)  
12970 SW 107 TERR.  
MIAMI, FL 33186**

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 ☐ Delete  
**P Martha Montes De Oca**  
STREET ADDRESS **12970 SW 107 Terrace**  
CITY-ST-ZIP **MIAMI, FL. 33186**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS **000004549230--3**  
CITY-ST-ZIP **-08/22/01--01076--011**  
**\*\*\*\*150.00 \*\*\*\*150.00**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **05/09/00 90122 008 150.00**

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:

**Martha Montes de Oca**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01 (305) 798-0036**

Date

Daytime Phone #

CR2E034 (11/00)

9-  
-2-  
  
July 30, 2001

Mr. Andy Dunlap  
Document Specialist Supervisor  
Florida Department of State

Dear Mr. Dunlap:

Although I did not receive the 2000 annual report from the Department of State (as noted in your attached letter) Minerva Consulting, Inc. did file its 2000 annual report using a blank form.

Enclosed please find a copy of the \$150 check endorsed by your office, which accompanied the report. I am also resubmitting the 2001 report.

If you need additional information, please contact me.

Respectfully,



Martha Montes-de-Oca, President  
Minerva Consulting, Inc.

REF. # P97000001005