

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014368

1. Entity Name  
**TECH-SERVICES CONSULTING, INC.**

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90033 025 \*\*\*150.00

Principal Place of Business

5333 COLLINS AVENUE  
306  
MIAMI BEACH FL 33140  
US

Mailing Address

5333 COLLINS AVENUE  
306  
MIAMI BEACH FL 33140  
US

2. Principal Place of Business

6538 Collins Ave

3. Mailing Address

6538 Collins Ave

Suite, Apt. #, etc.

435

Suite, Apt. #, etc.

435

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

Zip

33141

Country

4. FEI Number 65-0728559

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

TUR, JUAN J.

5333 COLLINS AVENUE #306

MIAMI BEACH FL 33140

Name

Juan J Tur

Street Address (P.O. Box Number is Not Acceptable)

6538 Collins Ave # 435

City

Miami Beach

FL

Zip Code

33141

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 ☐ Delete  
NAME PSTD  
STREET ADDRESS TUR, JUAN J  
CITY-ST-ZIP 5333 COLLINS AVE #306 6538 Collins Ave 435  
MIAMI BEACH FL 33140 Miami Beach, FL 33141

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

Date

Daytime Phone #

CR2E034 (10/00)