

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90008 008 \*\*\*158.75

DOCUMENT # P97000048875

1. Entity Name

MERCOSUL CONSULTING, INC.

Principal Place of Business

300 BISCAYNE BLVD WAY  
1011 117  
MIAMI FL 33131

Mailing Address

21522 ST ANDREWS GRAND CIR  
BOCA RATON FL 33486  
US

2. Principal Place of Business

300 Biscayne Blvd Way #1011  
Suite, Apt. #, etc.

3. Mailing Address

2634 NW 48 St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Boca Raton, Florida

4. FEI Number 65-0760377

Applied For  
Not Applicable

Zip  
33131

Country  
United States

Zip  
33434

Country  
United States

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

LABERTI, CARLOS A  
21522 ST ANDREWS GRAND CIRCLE  
BOCA RATON FL 33486

Name  
LAMBERTI, CARLOS A

Street Address (P.O. Box Number is Not Acceptable)  
2634 NW 48 St

City  
Boca Raton

FL Zip Code  
33434

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

01-30-2001

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	DPT LAMBERTI, CARLOS A 21522 ST. ANDREWS GRAND CIRCLE BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBERTY, MIRIAM 21522 ST. ANDREWS GRAND CIRCLE BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAMBERTI, CARLOS A 21522 ST ANDREWS Grand Circle	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAMBERTI, CARLOS A 2634 NW - 48 ST Boca Raton - FL - 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBERTI, MIRIAM 2634 NW - 48 ST BOCA RATON - FL - 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)