

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0161243

DOCUMENT # P97000106152

1. Entity Name

INTERNATIONAL ACCOUNTING CONSULTANTS INC.

03-12-2001 90480 011 ***150.00

Principal Place of Business

**5545 SW 8 STREET
 SUITE 105
 MIAMI FL 33134**

Mailing Address

**5545 SW 8 STREET
 SUITE 105
 MIAMI FL 33134**

00024390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10511 SW 88 Street

3. Mailing Address

10511 SW 88 Street

Suite, Apt. #, etc.

C103

Suite, Apt. #, etc.

C103

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0800109

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TORO, MARCOS
 5545 SW 8 STREET
 SUITE 105
 MIAMI 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

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

TITLE **D** ☒ Delete
 NAME **TORO, MARCOS**
 STREET ADDRESS **5545 SW 8 STREET**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President.** ☐ Change ☒ Addition
 NAME **Richard Toro**
 STREET ADDRESS **6485 SW 128 CT**
 CITY-ST-ZIP **Miami, FL 33183**

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

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

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 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:

Richard Toro, Richard Toro (President)

3/7/01

(305) 262-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)