

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90284 050 \*\*\*150.00

DOCUMENT # P98000010605

1. Entity Name

I R FUENTES CONSULTING, INC

552801

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7875 SW 33RD TERRACE  
MIAMI, FL 331317875 SW 33RD TERRACE  
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

4925 COLLINS AVENUE

4925 COLLINS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12 G

12 G

City &amp; State

City &amp; State

MIAMI BEACH FL

MIAMI BEACH FL

Zip

Country

Zip

Country

33140

USA

33140

USA

4. FEI Number

Applied For

65-0816304

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

JOSE RICARDO FUENTES  
4925 COLLINS AVENUE  
APT # 12 G  
MIAMI BEACH FL 33140Name JOSE RICARDO FUENTES  
Street Address (P.O. Box Number is Not Acceptable)  
4925 COLLINS AVENUE  
APT. # 12 G  
City MIAMI BEACH FL Zip Code 33140

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)

04/27/01  
DATE9. 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 PD JOSE RICARDO FUENTES ☐ Delete  
NAME 1408 BRICKELL BAY DR  
STREET ADDRESS #514  
CITY-ST-ZIP MIAMI, FL 33131TITLE PD JOSE RICARDO FUENTES ☒ Change ☐ Addition  
NAME 4925 COLLINS AVENUE  
STREET ADDRESS #12 G  
CITY-ST-ZIP MIAMI BEACH, FL 33140TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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

04/27/01 305-498-2573  
Date Daytime Phone #

CR2E034 (11/00)