

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91760 028 ***150.00

0306377 AV

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1. Entity Name

INTERNATIONAL MANAGEMENT CONSULTANTS OF MIAMI, INC.



Principal Place of Business

1530 NE 191ST ST
108
MIAMI FL 33179
US

Mailing Address

1530 NE 191ST ST
108
MIAMI FL 33179
US

2. Principal Place of Business

275 GATE ROAD

3. Mailing Address

275 GATE ROAD

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

211

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-0824226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARANON, ONOFRE JOSE

1530 NE 191ST ST

108

MIAMI FL 33-1179

7. Name and Address of New Registered Agent

Name

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

275 GATE ROAD

#211

City

HOLLYWOOD

FL

Zip Code

33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MARANON, ONOFRE JOSE
CITY-ST-ZIP 1530 NE 191ST ST STE 108
MIAMI FL 33179

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 275 GATE ROAD #211
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Onofre Maranon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-03

CR2E034 (10/02)