

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056302

1. Entity Name

STATE FINANCIAL CONSULTANTS LIMITED CO.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90038 036 ***150.00

Principal Place of Business

2121 PONCE DE LEON BOULEVARD
SUITE 650
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BOULEVARD
SUITE 650
CORAL GABLES FL 33134-5222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0860698

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

SILVERIO, MARK V
44 WEST FLAGLER STREET
SUITE 2450 COURTHOUSE TOWER
MIAMI FL 33130

Name
INGUANZO, OMAR C

Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.

STE 650

City
CORAL GABLES

FL

Zip Code
33134

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, 2000 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	PD CARTAYA, GUILLERMO 2121 PONCE DE LEON BOULEVARD, SUITE 650 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTAYA, RINALDO J 2121 PONCE DE LEON BOULEVARD, SUITE 650 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, MARCELO 2121 PONCE DE LEON BOULEVARD, SUITE 650 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTAYA, M. CRISTINA 2121 PONCE DE LEON BOULEVARD, SUITE 650 CORAL GABLES FL 33134	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARTAYA, G H 2121 PONCE DE LEON BLVD. STE 650 CORAL GABLES, FL 33134-5222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DIRECTOR CARTAYA, RINALDO J 2121 PONCE DE LEON BLVD. STE 650 CORAL GABLES, FL 33134-5222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. TREASURER, DIRECTOR HERNANDEZ, MARCELO C 2121 PONCE DE LEON BLVD. STE 650 CORAL GABLES, FL 33134-5222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARTAYA, M C 2121 PONCE DE LEON BLVD. STE 650 CORAL GABLES, FL 33134-5222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR INGUANZO, OMAR C 2121 PONCE DE LEON BLVD. STE 650 CORAL GABLES, FL 33134-5222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR ROMNEY, HARRY 2121 PONCE DE LEON BLVD. STE 650 CORAL GABLES, FL 33134-5222	<input type="checkbox"/> Change <input checked="" 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 (9/99)