

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2000 90038 036 ***150.00

DOCUMENT # P98000056302

1. Entity Name
STATE FINANCIAL CONSULTANTS LIMITED CO.

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0860698		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent SILVERIO, MARK V 44 WEST FLAGLER STREET SUITE 2450 COURTHOUSE TOWER MIAMI FL 33130				7. Name and Address of New Registered Agent 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			
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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 *OMAR C. INGUANZO* **OMAR C. INGUANZO** DATE **3/10/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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: *OMAR C. INGUANZO, DR* **OMAR C. INGUANZO, DR** DATE **3/10/2000** (205) 448-7131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)