2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90174 033 ***150.00

DOCUMENT # P98000070988

Entity Name
COMPETENT GROUP SERVICES, INC.

Principal Place of Business	Mailing Address
~~W 55 STREET~~	~~1575 W 55 STREET~~
~~FL 33012~~	~~HIALEAH FL 33012-2249~~

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
8966 SW 87 CT	P.O. Box 161837
Suite, Apt. #, etc. Suite 29	Suite, Apt. #, etc.
City & State Miami, Florida	City & State Miami, Florida
Zip 33176 Country Dade	Zip 33116 Country Dade

4. FEI Number 65-0856654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORNES, LUIS
8966 S.W. 87TH CT.
SUITE 29
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

X [signature] Luis A. Fornes PD 4/27/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

The corporation is eligible to satisfy its Intangible 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD FORNES, LUIS 6855 TAMIAMI CANAL ROAD MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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: X [signature] 4/27/00 305-278-4336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #