2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098963

1. Entity Name

PORTAL CONSULTING OF AMERICA, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90118 044 ***150.00

Principal Place 1235 ALTON I SUITE C MIAMI BEACH	ROAD FL 33139		Mailing Address 850 IVES DAIRY ROAD T-57 PMB 704 MIAMI BEACH FL 33179									
Suite, Apt			Suite, Apt. #, etc.									
Suite, Apr.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	4. FEI Number 65-0883243			oplied For ot Applicable	}
Zip				Zip Country			5. (5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered A				7. N	7. Name and Address of New Registered Agent				
CEDM DA	DI O				}	Name		,				
CERVI, PA 1235 ALTO	ON ROD, S	UITE C		Street Addres			ess (P.O. B	s (P.O. Box Number is Not Acceptable)				
MIAMI BE/	ACH FL 331	139										l
						City	FL Zip Code				e	
	named entit tions of regist		r the purpose	of changing its r	egistered	office or reg	istered ag	ent, or both, in the State of Florid	la. I am far	niliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable	e. (NOTE:	Registered A	gent signature red	quired when re	instating)	DATE			
Afte	r May 1, 200	IXFEE IS \$150.001 - 03 Fee will be \$550.00 o Florida Department o		· <u>-</u> -	-	To the Angelogia	د سے	9. Élection Campaign Finan Trust Fund Contribution.	cing		0 May Be d to Fees	
10.		OFFICERS AND	DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ELITA ON ROD, SUITE C ICH FL 33139		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS r-zip			į	☐ Change	Addition	(40/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			[☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS -ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS -ZIP			[Change	Addition	
TITLE				☐ Delete	TITLE					Change	Addition	1

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.

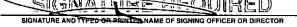
CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



04/22/03

Daytime Phone #

CR2E034 (10/02)