

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002727

1. Entity Name

HEAVEN SENT CONSULTANTS, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90116 027 \*\*\*158.75

Principal Place of Business

Mailing Address

13444 SW 62ND ST #F105  
MIAMI FL 33183

13444 SW 62ND ST #F105  
MIAMI FL 33183-5074

2. Principal Place of Business

3. Mailing Address

11762 N. Kendall Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#126

City & State

City & State

MIAMI, FL

Zip

Country

33186

Country

Dade

4. FEI Number

65-0893145

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

BOWMAN, CARLA H  
13444 SW 62ND ST #F105  
MIAMI FL 33183

Name

Carla Harris

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

13444 SW 62 St. #F-105

City

MIAMI

FL

Zip Code

33183

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.

*Carla Harris*

4/11/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	CARLA HARRIS	
STREET ADDRESS	STREET ADDRESS	13444 SW 62 St. F105	
CITY-ST-ZIP	CITY-ST-ZIP	MIAMI, FL 33183	
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

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  
contained 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:

*Carla Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00  
Date

305/386-5075  
Daytime Phone #

CR2E034 (9/99)