## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9900007243 Mar 24, 2000 8:00 am 1. Entity Name INNOVATIVE BUSINESS CONSULTANTS BY J&J INC. **Secretary of State** 03-24-2000 90118 021 \*\*\*158.75 Mailing Address Principal Place of Business 10751 SW 61 TERRACE 10751 SW 61 TERRACE MIAMI FL 33173 MIAMI FL 33173-1254 2. Principal Place of Busines 3900 N.W. 79 3. Mailing Address 79 AVR. Ave. N.W. *3900* Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE # 439 # 439 4. FEI Number 0890154 City & State Applied For City & State MiaMi Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gonzalez Change of ss GONZALEZ, REY Street Address (P.O. Box Number is Not Accept 7400 MIAMI LAKES 10751 SW 61 TERRACE MIAMI FL 33173 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible, 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Addition ☐ Delete TITLE TITLE GONZAIRZ, Rey GONZALEZ, REY NAME 7400 miami Lakes Dr. Apt. D-101 NAME 10751 SW 61 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33173 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.