2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000032471 Mar 04, 2000 8:00 am Secretary of State SOUTH FLORIDA CONSULTING AGENCY, INC. 03-04-2000 90037 038 ***150.00 Mailing Address Principal Place of Business 15600 S.W. 288TH STREET.STE.310 15600 S.W. 288TH STREET.STE.310 HOMESTEAD FL 33033-1200 HOMESTEAD FL 33033 3. Mailing Address 2. Principal Place of Business *15600* SW 288 5600 SI Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Duite Applied For City & State 4. FEI Number Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 3032 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent James M. GUEST, JAMES M P.A. 15600 S.W. 288TH STREET, STE. 310 **HOMESTEAD FL 33033** te #201 uts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sul SIGNATURE DATE e of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DPVP ☐ Change Addition ☐ Delete TITLE TITLE RIVERA, RICKY NAME STREET ADDRESS 15600 S.W. 288TH STREET, STE. 310 STREET ADDRESS CITY-ST-ZIP **HOMESTEAD FL 33033** CITY-ST-ZIP STage ☐ Addition ☐ Delete ☐ Change TITLE RIVERA, RICKY NAME NAME STREET ADDRESS 15600 S.W. 288TH STREET, STE.310 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **HOMESTEAD FL 33033** Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete _____ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #