

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040301

1. Entity Name

INTERNATIONAL PURCHASING CONSULTANTS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91113 036 ***150.00

Principal Place of Business

3928 SAN SIMEON LANE
WESTON FL 33331

Mailing Address

3928 SAN SIMEON LANE
WESTON FL 33331

2. Principal Place of Business

7247 NW 54 Street

3. Mailing Address

7247 NW 54 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

miami Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0919957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATOS, TONY
3928 SAN SIMEON LANE
WESTON FL 33331

7. Name and Address of New Registered Agent

Name
MATOS, ANTONIO

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

7247 NW 54 Street

City MIAMI

FL

Zip Code
33166

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MATOS, TONY
STREET ADDRESS 3928 SAN SIMEON LANE
CITY-ST-ZIP WESTON FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME MATOS, ANTONIO
STREET ADDRESS 7247 NW 54 Street
CITY-ST-ZIP Miami FL 33166

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS MARIN, PATRICE DIAZ
CITY-ST-ZIP 7247 NW 54 Street
Miami FL 33166

TITLE ☐ Change ☒ Addition
NAME vp
STREET ADDRESS DAVID, JEAN
CITY-ST-ZIP 440 SE 20 Lane Homestead FL 33033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)