

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2001 90098 009 ***150.00

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DOCUMENT # P99000046774

1. Entity Name
P.P.S. CONSULTING INC.

Principal Place of Business
**9451 PALM CIRCLE NORTH
 PEMBROKE PINES FL 33025**

Mailing Address
~~9451 PALM CIRCLE NORTH
 PEMBROKE PINES FL 33025~~
115

2. Principal Place of Business

3. Mailing Address
40 S. Hernandez

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1156 N.W. 92nd Ave #555

City & State

City & State
Miami, FL

4. FEI Number **65-0928540**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33126

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIRELA, PEDRO P
 9451 PALM CIRCLE NORTH
 PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

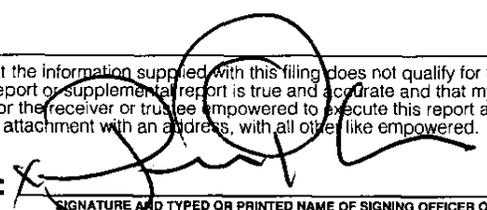
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PIRELA, PEDRO P 9451 PALM CIRCLE NORTH PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Pedro P. Pirela** **3/27/01** **994-9533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE