

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91287 050 \*\*\*158.75

DOCUMENT # **PA9000047360**

1. Entity Name

**I.T. CONSULTING, INC.**

Principal Place of Business

Mailing Address

**959-A SW 87 AVE.  
 MIAMI FL 33144**

**SAME**

2. Principal Place of Business

3. Mailing Address

**959-A SW 87 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

Zip  
**33144**

Country  
**DADE**

Zip  
**33144**

Country  
**DADE**

4. FEI Number

**65-0924159**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

**A0067701**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODOLFO MONTERO  
 4525 SW 143 AVE  
 MIAMI FL 33175**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/01**

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  
**B ~~OWNER~~ DIRECTOR.** ☐ Delete  
 NAME  
**RODOLFO MONTERO**  
 STREET ADDRESS  
**4525 SW 143 AVE.**  
 CITY-ST-ZIP  
**MIAMI FL 33175**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
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TITLE  
 NAME ☐ Change ☐ Addition  
 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 #

**4/27/01 305-267-1482**

CR2E034 (11/00)