

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90138 002 ***150.00

DOCUMENT # P99000057702

1. Entity Name

FILS INTERNATIONAL CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

**S 56TH TERR.
 HOLLYWOOD FL 33023**

**224 S 56TH TERR.
 HOLLYWOOD FL 33023-1474**

2. Principal Place of Business

3. Mailing Address

905 COTTON BAY W. DR. #115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WFB, FL

FL 33406 WFB FL

Zip

Country

Zip

Country

33406

USA

33406

USA

4. FEI Number

Applied For

65-0926691

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**FILS, GANEL CPA
 224 S 56TH TERR.
 HOLLYWOOD FL 33023**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-00

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, 2000 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	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

**P
 GANEL FILS, CPA
 905 COTTON BAY W. DR. #115
 WFB, FL 33406**

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00

CR2E034 (9/99)