

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90995 040 ***150.00

0288359 AV

DOCUMENT # P99000069337

1. Entity Name
FXC CONSULTING, INC.

Principal Place of Business
2875 N.E. 191 STREET, STE. 603
AVENTURA FL 33180

Mailing Address
2875 N.E. 191 STREET, STE. 603
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2875 NE 191 STREET
 Suite, Apt. #, etc. **400 A**

3. Mailing Address
2875 NE 191 STREET
 Suite, Apt. #, etc. **400 A**

City & State
AVENTURA, FL
 Zip **33180** Country

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AVENTURA, FL
 Zip **33180** Country

4. FEI Number **65-0938722** Applied For
 Not-Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VON LUXBURG, MAURICIO G
2875 N.E. 191 STREET, STE. 603
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **JOSE MALABET**
 Street Address (P.O. Box Number is Not Acceptable)
2875 NE 191 STREET, SUITE 400 A
 City **AVENTURA** FL Zip Code **33180**

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: *Jose A Malabet*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VON LUXBURG, MAURICIO G 2875 N.E. 191 STREET, STE. 603 AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRIZOSA, ERNESTO 2875 N.E. 191 STREET, STE. 603 AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALABET, JOSE A 2875 N.E. 191 STREET, STE. 603 AVENTURA FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREIDEL, JUAN MANUEL 2875 N.E. 191 STREET, STE. 603 AVENTURA FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE MALABET 2875 NE 191 STREET, STE 400 A AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUAN MANUEL FREIDEL 2875 NE 191 STREET, STE 400 A AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD / TD CARLOS SARABIA 2875 NE 191 STREET, STE 400 A AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jose A Malabet*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

Daytime Phone #

CR2E034 (9/01)