

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90155 009 \*\*\*550.00

0310025 AV

**DOCUMENT # P99000069337**

1. Entity Name  
**FXC CONSULTING, INC.**



Principal Place of Business  
**2875 N.E. 191 STREET.  
400A  
AVENTURA FL 33180**

Mailing Address  
**2875 N.E. 191 STREET.  
400A  
AVENTURA FL 33180**

2. Principal Place of Business  
**150 SE 2nd AVENUE  
Suite, Apt. #, etc. 404**

3. Mailing Address  
**150 SE 2nd AVENUE  
Suite, Apt. #, etc. 404**

City & State  
**MIAMI, FL**  
Zip **33131** Country

City & State  
**MIAMI, FL**  
Zip **33131** Country

4. FEI Number **65-0938722**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MALABET, JOSE  
2875 N.E. 191 STREET  
SUITE 400A  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **JOSE MALABET**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 SE 2nd AVENUE, SUITE 404**  
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**JOSE MALABET**

**05.01.03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALABET, JOSE 2875 NE 191 STREET, STE 400A AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREIDEL, JUAN MANUEL 2875 NE 191 STREET, STE 400A AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SARABIA, CARLOS 2875 NE 191 STREET, STE 400A 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 checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALABET, JOSE 150 SE 2nd AVENUE, STE 404 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREIDEL, JUAN MANUEL 150 SE 2nd AVENUE, STE 404 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARABIA, CARLOS 150 SE 2nd AVENUE, STE 404 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VON LUXBURG, MAURICIO 150 SE 2nd AVENUE, STE 404 MIAMI, FL 33131	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carlos Sarabia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS SARABIA**

**05.01.03**

**3053292931**

Date

Daytime Phone #

CR2E034 (10/02)