

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076501

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

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90188 012 \*\*\*150.00

Principal Place of Business  
**1607 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

Mailing Address  
**1607 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

2. Principal Place of Business  
**250 GIRALDA AVENUE**

3. Mailing Address  
**250 GIRALDA AVENUE**

Suite, Apt. #, etc.  
**CORAL GABLES, FL.**

Suite, Apt. #, etc.  
**CORAL GABLES, FL**

City & State

City & State

4. FEI Number **65-0954837**

Applied For  
Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

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

**NUNEZ, ALEJANDRO ESQ.  
1607 PONCE DE LEON BLVD.  
SUITE 101  
CORAL GABLES FL 33134**

Name  
**ALEJANDRO NUNEZ, ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**250 GIRALDA AVENUE**  
**CORAL GABLES, FL**  
City **FL** Zip Code **33134**

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.

**ALEJANDRO NUNEZ**  
(NOTE: Registered Agent signature required when reinstating)

**4-26-01**  
DATE

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 **PD** ☐ Delete  
NAME **GIRON, MANUEL A**  
STREET ADDRESS **C/O 1607 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD** ☒ Change ☐ Addition  
NAME **GIRON, MANUEL A**  
STREET ADDRESS **C/O 250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **V** ☐ Delete  
NAME **SAMAYOA, JORGE D**  
STREET ADDRESS **C/O 1607 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V** ☒ Change ☐ Addition  
NAME **SAMAYOA, JORGE D.**  
STREET ADDRESS **C/O 250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **S** ☒ Delete  
NAME **SAMAYOA, FRANCISCO**  
STREET ADDRESS **C/O 1607 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☒ Change ☐ Addition  
NAME **MEÑENDEZ, SERGIO**  
STREET ADDRESS **C/O 250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **T** ☒ Delete  
NAME **WURMSER, GERARDO**  
STREET ADDRESS **C/O 1607 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **T** ☒ Change ☐ Addition  
NAME **SAMAYOA, FRANCISCO**  
STREET ADDRESS **C/O 250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: **Manuel Giron** **PRESIDENT MANUEL GIRON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-01** **305-7746222**  
Date Daytime Phone #

CR2E034 (10/00)