

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90047 023 ***150.00

DOCUMENT # P99000076501

1. Entity Name
BYTE CONSULTING, INC.

Principal Place of Business

250 GIRALDA AVE
CORAL GABLES FL 33134

Mailing Address

250 GIRALDA AVE
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9100 South Dadeland

3. Mailing Address

9100 South Dadeland

Suite, Apt. #, etc.

Blvd - Suite 702

Suite, Apt. #, etc.

Blvd - Suite 702

City & State

Miami FL

City & State

Miami FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0954837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, ALEJANDRO-ESQ.
250 GIRALDA AVE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	GIRON, MANUEL A	
STREET ADDRESS	250 GIRALDA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAMAYOA, JORGE D	
STREET ADDRESS	250 GIRALDA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMAYOA, FRANCISCO	
STREET ADDRESS	250 GIRALDA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SAMAYDA, FRANCISCO	
STREET ADDRESS	250 GIRALDA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERGIO G. MENENDEZ	
STREET ADDRESS	250 GIRALDA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/2002 (Gov) 670-XXXX

Date

Daytime Phone #

CR2E034 (9/01)