

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094471

1. Entity Name

INTERNATIONAL FINANCING CONSULTANTS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90060 022 ***150.00

Principal Place of Business

Mailing Address

10100 CANOPY TREE COURT
ORLANDO FL 32836

10100 CANOPY TREE COURT
ORLANDO FL 32836-5941

2. Principal Place of Business

3. Mailing Address

6220 S. Orange Blossom Tr.
Suite, Apt. #, etc.

6220 S. Orange Blossom Tr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

Suite 173

Suite 173

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
32809 U.S.A.

Zip Country
32809 U.S.A.

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

MUELLE, ALFONSO
10100 CANOPY TREE COURT
ORLANDO FL 32836

Name

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

City

FL

Zip Code

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, 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 ☐ Delete
NAME D
STREET ADDRESS MUELLE, ALFONSO
CITY-ST-ZIP 10100 CANOPY TREE COURT
ORLANDO FL 32836

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: Alfonso Muelle

4/10/00

(407) 856-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)