

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90269 045 ***150.00

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1. Entity Name
INTERNATIONAL FINANCING CONSULTANTS, INC.



Principal Place of Business
**6220 S ORANGE BLOSSOM TRAIL
STE 173
ORLANDO FL 32809**

Mailing Address
**6220 S ORANGE BLOSSOM TRAIL
STE 173
ORLANDO FL 32809**

11010436



2. Principal Place of Business

6220 S Orange Blossom Tr
Suite, Apt. #, etc.
Suite 165

3. Mailing Address

6220 S. Orange Blossom Tr.
Suite, Apt. #, etc.
Suite 165

☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number **59-3606360**

Applied For
Not Applicable

Zip Country
32809 USA

Zip Country
32809 USA

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

6. Name and Address of Current Registered Agent

**MUELLE, ALFONSO
10100 CANOPY TREE COURT
ORLANDO FL 32836**

7. Name and Address of New Registered Agent

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

SIGNATURE  DATE

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:  **Alfonso Muelle - President** 3/31/03 (407)856-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)