

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099935

1. Entity Name

ACCUTHTHINK CONSULTING INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90024 004 ***150.00

Principal Place of Business

8201 W PETERS RD
SUITE 1000
PLANTATION FL 33324

Mailing Address

8201 W PETERS RD
SUITE 1000
PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0964118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDER, CARLOS
2029 POMPEII CT.
WESTON FL 33327

7. Name and Address of New Registered Agent

Name MARIA CORINA MARTINEZ

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

940 SAVANNAH FALLS DR

City WESTON

FL

Zip Code 33327

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

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

MARIA CORINA MARTINEZ

04/08/2001

(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, 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

TITLE PD
NAME LANDER, CARLOS M
STREET ADDRESS 2029 POMPEII CT.
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DIRECTOR
NAME CARLOS PAN
STREET ADDRESS 1580 BLUEJAY CIRCLE
CITY-ST-ZIP WESTON FL 33327 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME LUIS MONOL-TEBAR
STREET ADDRESS 1480 SPRINGSIDE DRIVE
CITY-ST-ZIP WESTON FL 33326 ☐ Change ☒ Addition

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

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

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

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 address, with all other like empowered.

SIGNATURE:

Carlos Lander
CARLOS LANDER (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01 (954) 6625447
Date Daytime Phone #

CR2E034 (10/00)