

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108185

1. Entity Name

ONE SOURCE CONSULTING GROUP, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90060 041 ***550.00

Principal Place of Business

150 WEST FLAGLER ST
 PENTHOUSE II
 MIAMI FL 33130

Mailing Address

150 WEST FLAGLER ST
 PENTHOUSE II
 MIAMI FL 33130

00082010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 565358

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

4. FEI Number

65-0971473

Applied For

Not Applicable

Zip

Country

Zip

Country

33256-5358

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

FERNANDEZ, GERARDO B
 150 WEST FLAGLER ST
 PENTHOUSE II
 MIAMI FL 33130

Name

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

7300 SW 84 PLACE

City

MIAMI

FL

Zip Code

33143

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

8-23-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 FERNANDEZ, GERARDO B
 CITY-ST-ZIP 7300 SW 84TH PLACE
 MIAMI FL 33143

TITLE ☐ Change ☐ Addition
 NAME D & PRES.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D & SEC.
 STREET ADDRESS FRANCES M PINA
 CITY-ST-ZIP 6425 SW 120 ST
 MIAMI FL 33156

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D & PRES.
 STREET ADDRESS ALEXIS M. PINA
 CITY-ST-ZIP 6425 SW 120 ST
 MIAMI FL 33156

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
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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:

VICAR OF THE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-00

Date

3056656517

Daytime Phone #

CR2E (1/14/00)