

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90067 017 ***150.00

DOCUMENT # P99000109771

1. Entity Name
C.G.A. CONSULTANTS, INC.

Principal Place of Business
801 ARTHUR GODFREY RD., STE. 400
MIAMI BEACH FL 33140

Mailing Address
801 ARTHUR GODFREY RD., STE. 400
MIAMI BEACH FL 33140

2. Principal Place of Business
1320 S. Dixie Highway
 Suite, Apt. #, etc.
Suite 1060

3. Mailing Address
1320 S. Dixie Highway
 Suite, Apt. #, etc.
Suite 1060

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number **65-0977144**

Applied For
 Not Applicable

Zip
33146

Country

Zip
33146

Country
USA

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

MOYA, FRANK
801 ARTHUR GODFREY RD., STE. 400
MIAMI BEACH FL 33140

Name

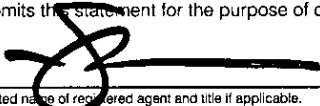
Street Address (P.O. Box Number is Not Acceptable)
1320 S. Dixie Highway, Ste. 1060

City
Coral Gables

FL

Zip Code
33146

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **MOYA, FRANK**
 STREET ADDRESS **801 ARTHUR GODFREY ROAD STE 400**
 CITY-ST-ZIP **MIAMI FL 33140**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **1320 S. Dixie Highway, Ste. 1060**
 CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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Change Addition
 TITLE
 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Moya **3/16/01** (305) 666-3002
 Date Daytime Phone #

CR2E034 (10/00)