

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90104 021 ***150.00

DOCUMENT # M88658

1. Entity Name
BPF MANAGEMENT CONSULTANTS, INC.

Principal Place of Business 9856C SUMMERBROOK TERRACE 6C BOYNTON BEACH FL 33437 US	Mailing Address 9856C SUMMERBROOK TERRACE 6C BOYNTON BEACH FL 33437-3834 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>L. UNGER</i> 7327 LOMBARDY ST. Suite, Apt. #, etc. BOYNTON BEACH City & State FLORIDA	3. Mailing Address <i>L. UNGER</i> 7327 LOMBARDY ST. Suite, Apt. #, etc. BOYNTON BEACH, FLA.
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4. FEI Number 65-0058414	Applied For <input type="checkbox"/> Not Applicable
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Zip 33437	Country	Zip 33437	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
UNGER, L
9856 SUMMERBROOK TERRACE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 Name *L. UNGER*
 Street Address (P.O. Box Number is Not Acceptable)
7327 LOMBARDY ST.
 City *BOYNTON BEACH, FL* Zip Code *33437*

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 _____

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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEARL, FREDERICK M.		NAME	
STREET ADDRESS 454 PROSPECT AV UNIT 299		STREET ADDRESS	
CITY-ST-ZIP W ORANGE NJ		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEATRICE, PEARL		NAME	
STREET ADDRESS 454 PROSPECT AVE., #299		STREET ADDRESS	
CITY-ST-ZIP W. ORANGE NJ 07052		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Fredrick M. Pearl*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *7/25/2000*
 Daytime Phone # _____

CR2E034 (9/99)