

FILED
May 23, 2001 8:00 am
Secretary of State

04-12-2001 90161 004 ***150.00

5030



DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040170

1. Entity Name

DJF CAPITAL CONSULTANTS, INC.

Principal Place of Business

4891 N.W. 97 PL
MIAMI FL 33178

Mailing Address

4891 N.W. 97 PL
MIAMI FL 33178

2. Principal Place of Business

5201 Blue Lagoon Dr.

3. Mailing Address

5201 Blue Lagoon Dr.

Suite, Apt. #, etc.

P.H.

Suite, Apt. #, etc.

P.H.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1017217

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CESTARI, FRANCISCO M
9707 HAMMOCKS BLVD., #205
MIAMI FL 33196

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/07/01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 VELAZCO, JESUS L
STREET ADDRESS 4891 N.W. 97 PL.
CITY-ST-ZIP MIAMI FL 33178 Delete

TITLE VSD
NAME CESTARI, FRANCISCO M
STREET ADDRESS 9707 HAMMOCKS BLVD., #205
CITY-ST-ZIP MIAMI FL 33196 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
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

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; that the information 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/01

DATE

305-629-3531

DAYTIME PHONE #

CR2E034 (10/00)