

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90087 002 ***150.00

DOCUMENT # P02000030876

1. Entity Name
SJRC CONSULTING GROUP, INC.



Principal Place of Business
C/O BROAS AND CASSEL 201 S BISCAYNE BLVD
STE 3000
MIAMI FL 33131

Mailing Address
C/O BROAS AND CASSEL 201 S BISCAYNE BLVD
STE 3000
MIAMI FL 33131

30003333



2. Principal Place of Business
244 VIA LAS BRISAS

3. Mailing Address
244 VIA LAS BRISAS

Suite, Apt. #, etc.
PALM BEACH, FL

Suite, Apt. #, etc.

City & State

City & State
PALM BEACH FL

4. FEI Number
01-0669067

Applied For
Not Applicable

Zip
33480 Country
PALM BEACH

Zip
33480 Country
PALM BEACH

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROBINSON, A JEFFRY
201 S BISCAYNE BLVD, STE 300
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, TREASURER,
SECRETARY
STEPHEN R. COHEN
244 VIA LAS BRISAS
PALM BEACH, FL 33480

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASSISTANT SECRETARY
PATRICIA HILDEBRAND
3608 NE 23RD AVE
FT. LAUDERDALE, FL 33308

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

TITLE
NAME
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN R. COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 561-833-6838
Date Daytime Phone #

CR2E034 (10/02)