

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013873

1. Entity Name

CALIBER CONSULTING, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90066 032 ***150.00

Principal Place of Business

7411 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014

Mailing Address

7411 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014-6818

2. Principal Place of Business

8110 Cleary Blvd.
Suite, Apt. #, etc.
UNIT 1116

3. Mailing Address

8110 Cleary Blvd.
Suite, Apt. #, etc.
UNIT 1116

City & State
Plantation Fla.

City & State
Plantation Fla.

Zip
33324

Country
USA

Zip
33324

Country
USA

4. FEI Number

65-0890253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULLEN, JOHN T
7411 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014

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)

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
ANTHONY R. Bocchichio
UNIT 1116, 8110 CLEARY BLVD
PLANTATION, FL 33324

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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STREET ADDRESS
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TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

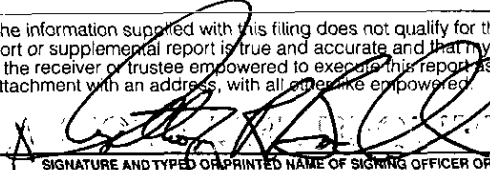
TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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 emendations empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/09/00

954-916-5251

CR2E034 (9/99)