

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91210 039 ***150.00

DOCUMENT # P01000056429

1. Entity Name
JUNE INVESTMENT & CONSULTANT GROUP CORPORATION

Principal Place of Business
801 BRICKELL BAY DRIVE SUITE 366
MIAMI FL 33131

Mailing Address
801 BRICKELL BAY DRIVE SUITE 366
MIAMI FL 33131

2. Principal Place of Business

81 SW 19th RD

Suite, Apt. #, etc.

3. Mailing Address

81 SW 19th RD

Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

4. FEI Number
52-2323 491

Applied For
Not Applicable

Zip
33129

Country
USA

Zip
33129

Country
USA

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

6. Name and Address of Current Registered Agent

GRABENHEIMER, CYNTHIA
801 BRICKELL BAY DRIVE SUITE 366
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **GRABENHEIMER, CYNTHIA**
Street Address **81 SW 19th RD**
City **MIAMI** **FL** **Zip Code** **33129**

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, 2002 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 **P/D.** ☐ **Delete**
NAME **GRABENHEIMER, CYNTHIA**
STREET ADDRESS **81 SW 19th RD**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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**

Date

Daytime Phone #

CR2E034 (9/01)