

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M62717

1. Entity Name
CONFORT MANAGEMENT CONSULTANTS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90232 011 ***150.00

80056709



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O 283 CATALONIA AVE.
2ND FLOOR
CORAL GABLES FL 33134

Mailing Address
C/O 283 CATALONIA AVE.
2ND FLOOR
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0041290

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC
5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33126

Name Miami Corporate Systems, Inc.

Street Address (P.O. Box Number is Not Acceptable)
283 Catalonia Avenue, 2nd Floor

City Coral Gables FL Zip Code 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME DESJACQUES, JEAN-PIERRE
STREET ADDRESS C/O 5200 BLUE LAGOON DR., STE 700
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE SD
NAME Desjardes, Jean-Pierre ☒ Change ☐ Addition
STREET ADDRESS c/o 283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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 (10/00)