

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M88658

1. Entity Name

BPF MANAGEMENT CONSULTANTS, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90104 021 ***150.00

Principal Place of Business

9856C SUMMERBROOK TERRACE
6C
BOYNTON BEACH FL 33437
US

Mailing Address

9856C SUMMERBROOK TERRACE
6C
BOYNTON BEACH FL 33437-3834
US

2. Principal Place of Business

L. UNGER
7327 LOMBARDY ST.
Suite, Apt. #, etc.
BOYNTON BEACH
City & State
FLORIDA

3. Mailing Address

L. UNGER
7327 LOMBARDY ST.
Suite, Apt. #, etc.
BOYNTON BEACH, FLA.
City & State



DO NOT WRITE IN THIS SPACE

Zip Country

33437

Country

Zip

33437

Country

4. FEI Number

65-0058414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNGER, L
9856 SUMMERBROOK TERRACE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

L. UNGER

7327 LOMBARDY ST.

BOYNTON BEACH, FL

Zip Code

33437

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PEARL, FREDERICK M.	454 PROSPECT AV UNIT 299	W ORANGE NJ	<input type="checkbox"/>
D	BEATRICE, PEARL	454 PROSPECT AVE., #299	W. ORANGE NJ 07052	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 (9/99)