

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000004864**1. Entity Name  
B.S.R. CONSULTING, INC.

Principal Place of Business	Mailing Address
10161 SW 18TH STREET	10161 SW 18TH STREET
PEMBROKE PINES FL 33025	PEMBROKE PINES FL 33025

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**65-1027089**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MINCEY JUANITA  
6305 NW 170TH LANEMIAMI FL  
33015 US**7. Name and Address of New Registered Agent**Name  
ROBINSON ANDREAStreet Address (P.O. Box Number is Not Acceptable)  
10161 S.W. 18TH STREETCity FL Zip Code  
PEMBROKE PINES 33025

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 **ANDREA ROBINSON****05/22/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	OMANE BISMARK	
STREET ADDRESS	P.O. BOX 541575	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	V	<input type="checkbox"/> Delete
NAME	MINCEY JUANITA	
STREET ADDRESS	P.O. BOX 541575	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	PS	<input type="checkbox"/> Delete
NAME	ROBINSON ANDREA	
STREET ADDRESS	P.O. BOX 541575	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENHA FRANCES	
STREET ADDRESS	10161 S.W. 18TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS SHARON	
STREET ADDRESS	10161 S.W. 18TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON ANDREA	
STREET ADDRESS	10161 S.W. 18TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: ANDREA ROBINSON**

P

**05/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)