

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004378

1. Entity Name

NATIONAL CONSOLIDATORS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90153 031 ****61.25

Principal Place of Business

1500 SE 3RD CT.
 SUITE 106
 DEERFIELD BEACH FL 33441

Mailing Address

1500 SE 3RD CT.
 SUITE 106
 DEERFIELD BEACH FL 33441-4463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0340597

Applied For

Not Applicable

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

FOX, JACQUELINE
 1523 E. HILLSBORO BLVD. #134
 DEERFIELD BEACH FL 33441

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 FOX, JACQUELINE
 1523 E HILLSBORO BLVD #134
 DEERFIELD BEACH FL 33441 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 1423 E. HILLSBORO BLVD #319 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 VAN ORDEN, SHARON
 1523 E HILLSBORO BLVD #134
 DEERFIELD BEACH FL 33441 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 1500 SE 3RD CT #106 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 BARBERA, SALLY
 228 MICHIGAN AVE.
 PATERSON NJ 07503 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 JOSEPHINE BARBERE
 1500 SE 3RD CT #106
 DEERFIELD Bch FL 33441 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

12. 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 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:

Jacqueline Fox
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 954-425-4332

Date

Daytime Phone #

CR2E037 (9/99)