

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90144 007 ***150.00

DOCUMENT # P00000015367

1. Entity Name

JP CONSULTING, INC.

Principal Place of Business

1300 N.W. 167TH STREET,STE.3
 MIAMI FL 33169

Mailing Address

1300 N.W. 167TH STREET,STE.3
 MIAMI FL 33169

2. Principal Place of Business

3611 Granada Blvd

Suite, Apt. #, etc.

3. Mailing Address

3611 Granada Blvd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CONRAD GABLES FL

Zip

33134

Country

City & State

CONRAD GABLES FL

Zip

33134

Country

4. FEI Number

65-0984593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR.
 1300 N.W. 167TH STREET,STE.3
 MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

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

City

State

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, CHARLES O JR.	
STREET ADDRESS	1300 N.W. 167TH STREET,STE.3	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE	JEFFREY A PRUEGER	<input type="checkbox"/> Delete
NAME	JEFFREY A PRUEGER	
STREET ADDRESS	3611 Granada Blvd	
CITY - ST - ZIP	CONRAD GABLES FL 33134	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JEFFREY A PRUEGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY A PRUEGER	
STREET ADDRESS	3611 Granada Blvd	
CITY - ST - ZIP	CONRAD GABLES FL 33134	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

4/19/01 305-790-5333

CR2E034 (10/00)