## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 18, 2002 8:00 am \$ P00000035112 DOCUMENT # **Secretary of State** 1. Entity Name D.PR CONSULTING INC. 03-18-2002 90020 012 \*\*\*150.00 Principal Place of Business Mailing Address 1478 AVON LANE. #1437 1478 AVON LANE. #1437 N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 3. Mailing Address 654 SIESTA 2. Principal Place of Business CIRCLE CIRCLE 654 SIESTA KEY Suite, Apt. #, etc. # 2628 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE # 2628 City & State DEERFIELD City & State Applied For 4. FEI Number 65-0994045 BEACH ВЕАСН DEERFIELD Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kosato DANIEL ROSATO, DANIEL P Street Address (P.O. Box Number is Not Acceptable) 1478 AVON LANE, #1437 N. LAUDERDALE FL 33068 # 2628 City BEACH 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRESIDENT CR2E034 (9/01) ☐ Addition ☐ Delete TITLE TITLE P. ROSATO DANIEL ROSATO, DAMIELO P NAME NAMS 654 SIESTA KEY CIRCLE # 2628 1478 AVON LANE #4737 STREET ADDRESS STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP BEACH, FL. 33441 CITY-ST-7IP DEERFIELD TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

**FILED** 

954-426 • 1715