

FILED
May 23, 2001 8:00 am
Secretary of State

04-12-2001 90161 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040170

1. Entity Name

DJF CAPITAL CONSULTANTS, INC.

Principal Place of Business

4891 N.W. 97 PL
MIAMI FL 33178

Mailing Address

4891 N.W. 97 PL
MIAMI FL 33178

2. Principal Place of Business

5201 Blue Lagoon Dr.

3. Mailing Address

5201 Blue Lagoon Dr.

Suite, Apt. #, etc.

P.H.

Suite, Apt. #, etc.

P.H.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1017217

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CESTARI, FRANCISCO M
9707 HAMMOCKS BLVD., #205
MIAMI FL 33198

7. Name and Address of New Registered Agent

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

04/07/01

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
NAME
STREET ADDRESS
CITY - ST - ZIPPD
VELAZCO, JESUS L
4891 N.W. 97 PL
MIAMI FL 33178☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPVSD
CESTARI, FRANCISCO M
9707 HAMMOCKS BLVD., #205
MIAMI FL 33198☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Delete

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; that the information is 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 AGING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/07/01

305-629-3531

CR2E034 (10/00)