

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045441

1. Entity Name

HUMAN CAPITAL CONSULTANTS, INC.

Principal Place of Business

4300 N. UNIVERSITY DRIVE #D-206  
LAUDERHILL FL 33351

Mailing Address

4300 N. UNIVERSITY DRIVE #D-206  
LAUDERHILL FL 33351

2. Principal Place of Business

3600 S. State Road 7

Suite, Apt. #, etc.

Suite 234

City & State

Miramar FL

Zip

33023

Country

USA

3. Mailing Address

3600 S. State Road 7

Suite, Apt. #, etc.

Suite 234

City & State

Miramar, FL

Zip

33023

Country

USA

6. Name and Address of Current Registered Agent

SINTA, FRANCISCO J  
17691 SW 12 STREET  
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

Eric Smallwood

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

1311 St. Tropez Circle Apt. 1605

City

Weston

FL

Zip Code

33326

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.

Director

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-01

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	D	<input type="checkbox"/> Delete
NAME	SINTA, FRANCISCO J	
STREET ADDRESS	17691 SW 12 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALLWOOD, ERIC H	
STREET ADDRESS	22 NORFOLK AVENUE	
CITY-ST-ZIP	MAPLEWOOD NJ 07040	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1311 St. Tropez Circle Apt. 1605	
STREET ADDRESS	Weston FL 33326	
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

2-22-01

Date

954-244-7007

Daytime Phone #

FILED  
Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90006 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0279503

CR2E034 (10/00)