FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P0000048836 BDM CONSULTING INC. 04-03-2001 90085 011 ***150.00 Principal Place of Business Mailing Address 13601 S.W.84TH AVENUE 13601 S.W.84TH AVENUE MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Busines 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number しっしし JUNO! Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 3176 DH. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURAN, BENJAMIN 13601 S.W.84TH AVENUE MIAMI FL 33158 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition **PVST** CR2E034 (10/00) TITLE Delete TITLE DURAN, BENJAMIN NAME NAME 13601 S.W.84TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** ☐ Addition ☐ Delete TITLE TITLE DURAN, BENJAMIN NAME NAME STREET ADDRESS STREET ADDRESS 13601 S.W.84TH AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33158 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.