## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2003 8:00 am Secretary of State

DOCUMENT # P00000048836  1. Entity Name BDM CONSULTING INC.							05-06	5-2003 900	)24 023 ** <sup>;</sup>	*150.00	
Principal Place 14821 SW 83 MIAMI, FL 33	7TH AVE	s	Mailing Address 14821 SW 87TH AVE MIAMI, FL 33176		_						_
2. Principal F	lace of Busin	ness	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Sulte, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			4. FEI Number 65-1016748			Applied For Not Applicable	
Zip	Country		Zip	Coun	try	5. Certificate of Statu			\$8.75 Adi Fee Require	ditional ed	
	5. Name	and Address of Curre	nt Registered Agent	egistered Agent			Name and Address of N	lew Registere	d Agent		-
DURAN, BENJAMIN 14821 SW 87TH AVE					Name Street Address	(P.O. E	Box Number Is Not Accep	otable)			-
MIAMI, FL	33176						JAYASI				
					°m?nn	nP	)	#318 F	L 333	120	
		register	ed office or registe	red ag	ent, or both, in the State	of Florida. I a	m familiar with,	and accept			
signature & Duurguuru '											
SIGIOTOTIC	Signature type:	Or wined named agradied ag	ant and title if applicable. (NOTI	: Registere	d Agent Signature require	d when re	instating)	DATE			
Aftei	May 1, 20	III FEE'IS \$150,00 03 Fee will be \$550.0 o Florida Departmer	00 : it of State'				9. Election Campaig Trust Fund Contri			0 May Be d to Fees	
10.		OFFICERS AN	ND DIRECTORS	11.		ΔĎ	DITIONS/CHANGES TO	OFFICERS AF	ND DIRECTOR	S IN 11	
TITLE	PVST		☐ Delete	TITLE					☐ Change	Addition	\(\frac{1}{2}\)
NAME	· '	BENJAMIN		NAME STREE							19
STREET ADDRESS 14821 SW 87TH AVE CITY-ST-2P MIAMI, FL 33176				CUA							CRZE034 (10/02)
TITLE	D		☐ Delete	TITLE	:			•	[] Change	Addition	ZZ.
NAME		MIMALIAN		NAM					•		
STREET ADDRESS City-St-2IP	MIAMI, FL	/ 87TH AVE 33176		STRE							
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STREET ADDRESS City-St-Zip				11	ET ADDRESS -ST-21P						
	ertify that the	e information supplied w	vith this filing does not qualify for	1		ection '	119.07(3Yi), Florida Stati	ites. I further o	ertify that the in	nformation	-
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3/1). 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 4 BlumpundM-											

Oate

Caytime Phone #

AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR