

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90029 045 ***150.00

DOCUMENT # P00000050364**1. Entity Name**

J.P. Mahangement Consultants, Inc.

Principal Place of Business14949 E. Country Club Dr.
Aventura, FL 33180**Mailing Address**14949 E. Country Club Dr.
Aventura, FL 33180**2. Principal Place of Business**

2607 Teeside Court

Suite, Apt. #, etc.

3. Mailing Address

2607 Teeside Court

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34746

Country

U.S.A.

Zip

34746

Country

U.S.A.

4. FEI Number

65-1020506

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent**Howard S. Weinstein, Esq.
2450 N.E. Miami Gardens Dr., 2nd Flr.
North Miami Beach, FL 33180**7. Name and Address of New Registered Agent****Name**~~Howard S. Weinstein, Esq.~~**Street Address (P.O. Box Number is Not Acceptable)**

2875 N.E. 191 St., Suite #304

City

Aventura

FL**Zip Code**
33180**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.

Howard S. Weinstein, Esq.

(NOTE: Registered Agent signature required when reinstating)

3/2/01

DATE

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-ZIP	<input checked="" type="checkbox"/> Delete
PD	John Pinkstone	14949 E. Country Club Dr.	Aventura, FL 33180	

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Anita Morse	2607 Teeside Court	Kissimmee, FL 34746		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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**

Anita Morse, President 3-15-01 (407) 343-5075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #