

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054502

1. Entity Name

B & M CONSULTING CORP.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90198 039 \*\*\*150.00

Principal Place of Business

8515 MENTIETH TERR.  
MIAMI LAKES FL 33015

Mailing Address

8515 MENTIETH TERR.  
MIAMI LAKES FL 33015

2. Principal Place of Business

16805 N.W. 12 AVE

Suite, Apt. #, etc.

3. Mailing Address

525 VITTORIO AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

CORAL GABLES FL

4. FEI Number

65-1060329

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, LEANDRO

8515 MENTIETH TERR.

MIAMI LAKES FL 33015

Name

SAME

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME NUNEZ, LEANDRO  
STREET ADDRESS 8515 MENTIETH TERR.  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.P. ☐ Delete  
NAME RODOLFO NUNEZ  
STREET ADDRESS 426 E. 9 ST  
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SEC ☐ Delete  
NAME ANTONIO BOUZA  
STREET ADDRESS 525 VITTORIO AVE  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)