

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

0328325 AV

DOCUMENT # P00000077028

1. Entity Name
CONSULTING E2E, INC.

01-30-2002 90103 019 ***150.00

Principal Place of Business **Mailing Address**
5400 NW 51ST AVE. **5400 NW 51ST AVE.**
TAMARAC FL 33319 **TAMARAC FL 33319**



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1031648**

☐ **Applied For**
☐ **Not Applicable**

Zip Country

Zip Country

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

BUTT, LINDA
600 NE 36 STREET 1806
MIAMI FL 33137

Name Linda Butt
 Street Address (P.O. Box Number is Not Acceptable)
5400 NW 51st Avenue
 City Tamarac **FL** Zip Code 33319

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 Linda Butt
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/2002
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME **D BUTT, LINDA C**
STREET ADDRESS **600 NE 36TH STREET APT. 1806**
CITY-ST-ZIP **MIAMI FL 33137**

☒ **Change** ☐ **Addition**
TITLE **NAME**
STREET ADDRESS **5400 NW 51st Avenue**
CITY-ST-ZIP **Tamarac, FL 33319**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE: Linda Butt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2002 3056076048
 Date Daytime Phone #

CR2E034 (9/01)