

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91557 029 ***150.00

DOCUMENT # P00000096295

1. Entity Name

PROJECT MANAGEMENT CONSULTING, INC.

Principal Place of Business

580 SE 13TH ST., #202
 DANIA BCH FL 33004

Mailing Address

580 SE 13TH ST., #202
 DANIA BCH FL 33004

2. Principal Place of Business

861 NW 116th Avenue
 Suite, Apt. #, etc.

3. Mailing Address

861 NW 116th Avenue
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation Acres, FLA

City & State

Plantation Acres, FLA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33325 United States

Zip

Country

33325 United States

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

SCHLICHTE, PAUL G
 2134 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020

Name

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 PDS
 NAME COPPOLA, DAVID
 STREET ADDRESS 580 SE 13TH ST., #202
 CITY-ST-ZIP DANIA BCH FL 33004

☐ Delete

TITLE PDS
 NAME Daniel V. Coppola
 STREET ADDRESS 861 NW 116th Avenue
 CITY-ST-ZIP Plantation Acres, Florida 33325

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 9542884222
 Date Daytime Phone #

CR2E034 (10/00)