FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90136 044 ***150.00

DOCUMENT # P00000101864

1. Entity Name
D.P.D. CONSULTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 PARKVIEW DRIVE	800 PARKVIEW DRIVE
Suite, Apt. #, etc: PH #1018	Suite, Apt. #, etc: PH# 1018
City & State: HALLANDALE , FL	City & State: HALLANDALE, FL
Zip: 33009 Country:	Zip: 33009 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1051349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SCHWARTZ, MICHAEL A.
Street Address (P.O. Box Number is Not Acceptable): 2514 HOLLYWOOD BLVD
SUITE # 508
City: HOLLYWOOD FL Zip Code: 33020

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 _____ Date _____

9. This corporation is eligible to satisfy its delinquency for filing requirements and elects to do so. (See criteria on back.) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	MILFORD, TED O. III
STREET ADDRESS	800 PARKVIEW DRIVE PH #1018
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/3/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date