

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90971 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079362
 1. Entity Name
~~R.J.E. CONSULTING GROUP, INC.~~
JOHN & COMPANY, P.A.

Principal Place of Business Mailing Address
 570 S.W. 31 AVE 570 S.W. 31 AVE
 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312

26371



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2331 N ST Rd 7, Ste 214-B **2331 N ST Rd 7, Ste 214-B**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
LAUDERHILL FLORIDA

City & State City & State
LAUDERHILL FLA

Zip Country Zip Country
33313 **USA** **33313** **USA**

4. FEI Number Applied For
65-1133107 Not Applicable

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

6. Name and Address of Current Registered Agent
JOHN, DAVE
570 S.W. 31 AVE
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 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 Dave John President DATE 3/2/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVE JOHN (OFFICERS) <input type="checkbox"/> Delete 570 S.W 31 Ave Ft Lauderdale FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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)(f), 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: Dave John President DATE 3/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)