

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90097 013 ***150.00

DOCUMENT # P93000029803

1. Entity Name
J & L CONSULTING SERVICES, INC.

Principal Place of Business 16040 LOCH KATRINE TRAIL APT 7806 DELRAY BEACH FL 33446 US	Mailing Address 1561 S CONGRESS AVE BOX 175 DELRAY BEACH FL 33445-6325 US
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7431-34 W. ATLANTIC AVE Suite, Apt. #, etc. 103
---	---

City & State DELRAY BEACH, FL	4. FEI Number 65-0407669
Zip 33446	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GROMANN, GLENN E 439 NE 7TH AVE 618 US HIGHWAY ONE, SUITE 303 FT LAUDERDALE FL 33301	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 _____
 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMPARIELLO, SHEILA		NAME		
STREET ADDRESS	16040 LOCH KATRINE TRL, UNIT 7806		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMPARIELLO, LARRY A		NAME		
STREET ADDRESS	16040 LOCH KATRINE TRL, UNIT 7806		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAZZINI, GERALD P		NAME		
STREET ADDRESS	7431 VICTORY LN, UNIT 9003		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: LARRY A. LAMPARIELLO PRES. 4-18-00 56-495-4051
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)