

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94 00000 3044 (2)

1. Entity Name

O.K.D. Management Consulting, Inc.

Principal Place of Business

Mailing Address

6175 N.W. 153rd Street
Suite 312
Miami Lakes, FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0465743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sheldon Evans, P.A.
6175 N.W. 153rd Street
Suite 215
Miami Lakes, FL 33014

Name

Sheldon Evans, P.A.

Street Address (P.O. Box Number is Not Acceptable)

6175 N.W. 153rd Street

Suite 312

City

Miami Lakes

FL

Zip Code

33014

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, 2000 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 PVP ☐ Delete
NAME El Dada, Omar
STREET ADDRESS 6175 N.W. 153rd Street-Suite
CITY-ST-ZIP Miami Lakes, FL 33014 215

TITLE same ☒ Change ☐ Addition
NAME same
STREET ADDRESS same- Suite # 312
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME El Dada, Omar
STREET ADDRESS 6175 N.W. 153 Street-Suite. 215
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE same ☒ Change ☐ Addition
NAME same
STREET ADDRESS same- Suite 312
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ONAR EL DADA

PRESIDENT

4/3/00
Date

Daytime Phone #

CR2E034 (9/99)