

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036708

1. Entity Name

DLE CONSULTING GROUP, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90036 005 ***150.00

Principal Place of Business

Mailing Address

14842 ROBINSON ST
MIAMI FL 33176
US

14842 ROBINSON ST
MIAMI FL 33176-7456
US

80010796



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0493972

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL Zip Code

BROWDY, JOHNNY III
1444 BISCAYNE BLVD., SUITE 220
MIAMI FL 33132

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BULLARD, DWIGHT	14842 ROBINSON STREET	MIAMI FL 33176	<input type="checkbox"/>
VPD	BULLARD, LARCENIA J	14842 ROBINSON ST	MIAMI FL	<input type="checkbox"/>
TD	BULLARD, EDWARD B	14842 ROBINSON STREET	MIAMI FL	<input type="checkbox"/>
SD	BROOKER, VINCENT	14842 ROBINSON ST	MIAMI FL	<input type="checkbox"/>
D	GILES, VIOLET	14510 SW 106TH CT	MIAMI FL	<input type="checkbox"/>
D	BULLARD, NEVILLE	15820 SW 106TH AVE	MIAMI FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my address with a new title and signature.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-00

305 2994402
305 2795422