## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 15, 2002 8:00 am DOCUMENT # P94000091460 **Secretary of State** 1. Entity Name 03-15-2002 90021 013 \*\*\*150.00 J & H CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 4729 N CARAMBOLA CIRCLE 4729 N CARAMBOLA CIRCLE COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0550634 Not Applicable Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOSSETT, JORGE Street Address (P.O. Box Number is Not Acceptable) 4729 N CARAMBOLA CIRCLE **COCONUT CREEK FL 33066** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change CR2E034 (9/01) ☐ Delete TITLE ☐ Addition NAME Gosset, Jorge NAME GOSSETT, JORGE STREET ADDRESS 12156 W SAMPLE RD STREET ADDRESS 4729 N. CARAUBOLA CIRCLE CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP COCONUT CREEK, FL 33066 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 3.4.5 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change 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