2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023981   10f2

1. Entity Name: PL & Associates Consulting, Inc.

FILED
01 MAY 22 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address:
3001 SW 28 Lane Suite #8
Coconut Grove, FL 33133

2. Principal Place of Business	3. Mailing Address
Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

00-01 UBR
DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0575333   ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Almeida, Jorge L.
3001 SW 28 Lane # 8
Coconut Grove, FL 33133

7. Name and Address of New Registered Agent
Name: Almeida, Jorge L.
Street Address (P.O. Box Number is Not Acceptable): 3001 SW 28 Lane # 8
City: Coconut Grove   FL   Zip Code: 33133

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]   4/26/01   LS
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) ☑

[illegible]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P Almeida, Jorge L. 3001 SW 28 Lane #8 Coconut Grove, FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300004430833--3 -06/19/01--01110--020 ****308.75 ****308.75
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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]   4/26/01

2002

Note: Due to change of address
We did not receive
VBR 2000 / 2001