

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90912 035 \*\*\*150.00

DOCUMENT # **P95000035940**

1. Entity Name

**P.J.L. CONSULTING, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3090 NE 44 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**3090 NE 44 STREET**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FT LAUDERDALE FL**

City & State

**FT LAUDERDALE FL**

4. FEI Number

**65-0580450**

Applied For

Not Applicable

Zip

**33308**

Country

**U.S.A.**

Zip

**33308**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**PETER LOMBARDI**

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

**3090 NE 44 STREET**

City

**FT. LAUDERDALE**

FL

Zip Code

**33308**

**DO NOT WRITE  
IN THIS SPACE**

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

*Peter Lombardi*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/4/02**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
**P, D  
PETER LOMBARDI  
3090 NE 44 ST  
FT LAUDERDALE FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Peter Lombardi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/02**

Date

**954-525-8885**

Daytime Phone

CR2E034B (12/01)