

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059599

1. Entity Name

DISASTER CONSULTANTS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90104 016 ***158.75

Principal Place of Business

Mailing Address

19530 NE 18 CT
MIAMI BCH FL 33179-3656

19530 NE 18 CT
NORTH MIAMI BEACH FL 33179-3656
US

2. Principal Place of Business

3. Mailing Address

2901 PONCE DE LEON BLVD 2901 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0686990

Applied For

Not Applicable

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

ALVAREZ, RICARDO A.
19530 NE 18TH COURT
NORTH MIAMI BCH FL 33179

Name

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

City

FL

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 Ricardo Alvarez RICARDO A. ALVAREZ PD 4/21/00

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 PD
NAME ALVAREZ, RICARDO A
STREET ADDRESS 19530 N.E. 18TH COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

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

TITLE STD
NAME BRILL, LAWRENCE F
STREET ADDRESS 2901 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME RODRIGUEZ, LUIS
STREET ADDRESS 2901 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ 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

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: Ricardo Alvarez RICARDO ALVAREZ 03/31/00 305/931-0871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)