

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000065808**

1. Entity Name  
**NANTUCKET CONSULTING INC.**

Principal Place of Business 2151 LE JEUNE RD SUITE 202 CORAL GABLES 33134 FL	Mailing Address 2151 LE JEUNE RD SUITE 202 CORAL GABLES 33134 FL
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2. Principal Place of Business 2151 S. LEJEUNE ROAD	3. Mailing Address 2151 S. LEJEUNE ROAD
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202

City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33134	Country US

4. FEI Number <b>65-0683836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DELGADO MARIO R.**  
**% MARIO R. DELGAGO, P.A.**  
**2151 LEJEUNE ROAD, SUITE 202**  
**CORAL GABLES FL 33134 US**

7. Name and Address of New Registered Agent  
 Name  
**DELGADO MARIO R.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**MARIO R. DELGAGO, P.A.**  
**2151 S. LEJEUNE ROAD, SUITE 202**  
 City  
**CORAL GABLES FL** Zip Code  
**33134**

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 **MARIO R. DELGADO**

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

(NOTE Registered Agent signature required when reinstating)

**04/25/2000**

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	DP <b>DELGADO MARIO R</b> <b>2151 LE JEUNE RD. SUITE 202</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>DELGADO MARIO R</b> <b>2151 S. LEJEUNE ROAD, SUITE 202</b> <b>CORAL GABLES FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARIO R. DELGADO**

DATE: **04/25/2000**