

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000065808**

1. Entity Name

NANTUCKET CONSULTING INC.

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

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

2. Principal Place of Business
2151 S. LEJEUNE ROAD3. Mailing Address
2151 S. LEJEUNE ROADSuite, Apt. #, etc.
SUITE 202Suite, Apt. #, etc.
SUITE 202City & State
CORAL GABLES

FL

City & State
CORAL GABLES

FL

Zip
33134Country
USZip
33134Country
US

4. FEI Number

65-0683836

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$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
33134

FL

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME DELGADO MARIO R
STREET ADDRESS 2151 LE JEUNE RD. SUITE 202
CITY-ST-ZIP CORAL GABLES FL 33134TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME DELGADO MARIO R
STREET ADDRESS 2151 S. LEJEUNE ROAD, SUITE 202
CITY-ST-ZIP CORAL GABLES FL 33134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO R. DELGADO

DATE: 04/25/2000