## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2001 8:00 am Secretary of State DOCUMENT # P96000065808 1. Entity Name 05-30-2001 90028 019 \*\*\*150.00 NANTUCKET CONSULTING INC. Principal Place of Business Mailing Address 2151 S. LEJEUNE ROAD 2151 S. LEJEUNE ROAD SUITE 202 SUITE 202 CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4.- FEI Number Applied For 65-0683836 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELGADO, MARIO R. Street Address (P.O. Box Number is Not Acceptable) MARIO R. DELGAGO, P.A. 2151 S. LEJEUNE ROAD, SUITE 202 **CORAL GABLES FL 33134** City Zip Code gistered office or registered agent, or both, in the State of Florida. 8. The above named entity submits the 4-26-01 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Oelete Change DELGADO, MARIO R NAME NAME 2151 S. LEJEUNE ROAD, SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta ☐ Change ■ Addition TITLE mie NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Oelete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with ris filing does not qualify for indicated on this report or supplemental report is true and accurate and that not the corporation or the proviver or trustee employed to execute this report is changed, or on an attachment with a juddress and all other like employeers. ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE: