

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085343

1. Entity Name

S & E CONSULTING GROUP, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90070 026 \*\*\*150.00

Principal Place of Business

918 E. CYPRESS CREEK RD  
STE 200  
FORT LAUDERDALE FL 33334

Mailing Address

918 E. CYPRESS CREEK RD  
STE 200  
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 64-0719609

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DELUCA, STEFANIE  
918 E. CYPRESS CREEK RD  
STE 200  
FORT LAUDERDALE FL 33334

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

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, 2001 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 P ☐ Delete  
NAME DELUCA, STEFANIE  
STREET ADDRESS 5216 NE 6TH AVE #3A  
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE P ☒ Change ☐ Addition  
NAME DELUCA, STEFANIE  
STREET ADDRESS 308 SW 18 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE V ☐ Delete  
NAME DELUCA, ANASTASIA  
STREET ADDRESS 5216 NE 6TH AVE #3A  
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE V ☒ Change ☐ Addition  
NAME DELUCA, ANASTASIA  
STREET ADDRESS 308 SW 18 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE V ☐ Delete  
NAME DELUCA, EVA  
STREET ADDRESS 25 CARINA RD  
CITY-ST-ZIP NORTH HAVEN CT 06473

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)