2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093335

1. Entity Name

PFEFFER CONSULTING GROUP, INC.

Principal Place of Business 1522 SAN IGNACIO. STE. 2 Mailing Address

1522 SAN IGNACIO. STE. 2 CORAL GABLES FL 33146 1522 SAN IGNACIO. STE. 2 CORAL GABLES FL 33146-3029

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2. Principal P	lace of Business	· · · T	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN TH!	S SPACE	
City & State			City & State			4.	FEI Number 65-070863	:1		plied For t Applicable
Zip	Country		Zip	Cour	ntry	5.	Certificate of Status Desired		\$8.75 Addi	itional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
			<u> </u>		Name		· · · · · · · · · · · · · · · · · · ·			
PFEFFER, WENDELL G 1522 SAN IGNACIO, STE. 2 CORAL GABLES FL 33146					Street Address (P.O. Box Number is Not Acceptable)					
					City			F	L Zip Code)
8. The above	named entity submits th	s statement for th	e purpose of changing i	its register	ed office or regis	stered ag	gent, or both, in the State of Fl	orida.		
SIGNATURE .	Signature, typed or printed name	of registered agent and	title if applicable. (NC	OTE: Registere	rd Agent signature requ	uired when r	reinstating)	DATE		
			I				т			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to I					will be \$550.0		10. Election Campaign Fi Trust Fund Contribution			May Be to Fees
11.	0	FICERS AND DI	LRECTORS	12.		Αſ	DDITIONS/CHANGES TO OF	ICERS A	ND DIRECTORS	IN 11
TITLE	P		☐ Delete	TITL	E				Change	☐ Addition
NAME	PFEFFER, WENDEL	LG		NAM	IE .					
STREET ADDRESS 1522 SAN IGNACIO AVE., STE. 2			STF		EET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL			CITY	'-ST-ZIP					
TITLE			Delete	TITL	E				☐ Change	Addition
NAME				NAM	1E					
STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP				CITY	'-ST-ZIP					
TITLE	**	= /	☐ Delete	_ TITL	£				☐ Change	Addition
NAME				NAM	1E					
STREET ADDRESS				STRI	EET ADDRESS					
CITY-ST-ZIP				CITY	'-ST-ZIP					
TITLE			☐ Delete	TITL	E				☐ Change	☐ Addition
NAME				NAM	IE .					
STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP				CITY	'-ST-ZIP					
TITLE			☐ Delete	TITL	E				☐ Change	Addition
NAME				NAM	IE					
STREET ADDRESS				STRI	EET ADDRESS					
CITY-ST-ZIP				City	'-ST-ZIP				_	
TITLE			☐ Delete	TITL	E				☐ Change	☐ Addition
NAME				NAM						
STREET ADDRESS				STRI	EET ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 18.00

305669798

Daytime Phone #

May 17, 2000 8:00 am Secretary of State

05-17-2000 90862 025 ***150.00