

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093408

1. Entity Name

PROJECT DEVELOPMENT CONSULTANTS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90306 029 ***150.00

Principal Place of Business

Mailing Address

5100 TOWN CENTER CIRCLE
 SUITE 330
 BOCA RATON FL 33486

555 N.E. 15TH STREET
 SUITE 100
 MIAMI FL 33132-1455

2. Principal Place of Business

3. Mailing Address

3297 NE 168 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. MIAMI BEACH, FL.

Zip

Country

Zip

Country

33160

4. FEI Number

65-0727992

Applied For

Not Applicable

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

E.H.G. RESIDENT AGENTS, INC.
 5100 TOWN CENTER CIRCLE
 SUITE 330
 BOCA RATON FL 33486

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, 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	DT	<input type="checkbox"/> Delete
NAME	BALLESTEROS, CHRISTIAN	
STREET ADDRESS	555 NE 15TH ST., SUITE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMANN BALLESTEROS	
STREET ADDRESS	3297 NE 168 ST	
CITY-ST-ZIP	N. MIAMI BEACH - FL. - 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CHRISTIAN BALLESTEROS 5/1/20/00 (305) 354 7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)