2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am DOCUMENT # **P97000003785** Secretary of State 1. Entity Name DISNEY CONSULTING, INC. 03-28-2000 90089 035 ***150.00 Principal Place of Business Mailing Address 10111 NORTHWEST 43 TERRACE 10111 NORTHWEST 43 TERRACE MIAMI FL 33178 MIAMI FL 33178-3340 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0720096 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNSTEIN-SHAPIRO, BRENDA Street Address (P.O. Box Number is Not Acceptable) 44 W FLAGLER ST SUITE 5100 **MIAMI FL 33130** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of States (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change **PSTD** TITLE Delete TITLE DISNEY, ANDREW NAME NAME STREET ADDRESS 10111 NORTHWEST 43 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Change ☐ Addition Delete TITLE TITLE DISNEY, CRISTINA NAME NAME STREET ADDRESS STREET ADDRESS 10111 NW 45 TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

HAND 1 SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OF DIRECTO

305.775.8876