

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90222 013 ***150.00

DOCUMENT # P97000025124

1. Entity Name

PROFILET CONSULTING, INC.

Principal Place of Business

Mailing Address

**640 E. LAKE DASHA DRIVE
 PLANTATION FL 33324**

**640 E. LAKE DASHA DRIVE
 PLANTATION FL 33324-3134**

2. Principal Place of Business

3. Mailing Address

P.O. Box 19227

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
 PLANTATION, FL**

4. FEI Number

65-0740341

Applied For

Not Applicable

Zip

Country

Zip

Country

33318-0227

USA

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

**PROFILET, SANDRA S
 640 E. LAKE DASHA DRIVE
 PLANTATION FL 33324**

SANDRA

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROFILET, SANDRA S 640 E. LAKE DASHA DRIVE PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SANDRA S. PROFILET
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

1-13-99

Date

954-473-9222

Daytime Phone #

CR2E034 (9/99)