

2002 UNIFORM BUSINESS REPORT (UBR)

0242836
AV

DOCUMENT # **P97000062611**

1. Entity Name
CONSULTING & PROJECT INC.

FILED

02 FEB 28 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**9528 BAY DRIVE
SURFSIDE FL 33154**

Mailing Address
**9528 BAY DRIVE
SURFSIDE FL 33154**

2. Principal Place of Business

3. Mailing Address

4338 SW 85th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

4. FEI Number **65-0774423**

Applied For
Not Applicable

Zip

Country

Zip

Country

33134

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PIZZUTO, ANGELO
1001 BRICKELL BAY DRIVE #1508
MIAMI FL 33151**

7. Name and Address of New Registered Agent

Name **GIULIANO PERAZZINI**

Street Address (P.O. Box Number is Not Acceptable)

9528 BAY DR.

City

SURFSIDE

FL

Zip Code

33154

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/02

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, 2002 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 **PD**
NAME **PERAZZINI, GIULIANO**
STREET ADDRESS **9528 BAY DR.**
CITY-ST-ZIP **SURFSIDE FL 33154**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**800005073738-8
-03/08/02--01068--017
*****8.75 *****8.75**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**800005073738-8
-03/08/02--01068--017
****150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02

CR2E034 (9/01)