

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074726

1. Entity Name

K & L CONSULTING, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90059 026 ***150.00

Principal Place of Business

Mailing Address

6915 MAINSTREET
SUITE 232
MIAMI LAKES FL 33014
US

6915 MAINSTREET
SUITE 232
MIAMI LAKES FL 33014-7006
US

2. Principal Place of Business

3. Mailing Address

1268 NW 110 Ave
Suite, Apt. #, etc.

1268 NW 110 Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Plantation, FL

Plantation, FL

4. FEI Number

65-0775310

Applied For

Not Applicable

Zip Country
33322- USA

Zip Country
33322 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

NELSON, KARLA
6915 MAINSTREET
SUITE 232
MIAMI LAKES FL 33014

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NELSON, KARLA
CITY-ST-ZIP 6915 MAINSTREET, SUITE 232
MIAMI LAKES FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MAJJUL, LILY
CITY-ST-ZIP 6915 MAINSTREET, SUITE 232
MIAMI LAKES FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1268 NW 110 Ave
CITY-ST-ZIP Plantation, FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

305-336-2916

Daytime Phone #

CR2E034 (9/99)