

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075302

1. Entity Name

J & D CONSULTING ASSOCIATES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90110 008 ***150.00

Principal Place of Business

Mailing Address

15165 NW 77TH AVE
SUITE 2003
MIAMI FL 33014

15165 NW 77TH AVE
SUITE 2003
MIAMI FL 33014-7826

2. Principal Place of Business

61 HARBOR DRIVE

Suite, Apt. #, etc.

3. Mailing Address

61 HARBOR DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KEY BISCAIYNE, FL

City & State

KEY BISCAIYNE, FL

4. FEI Number

65-0780901

Applied For

Not Applicable

Zip

33149

Country

US

Zip

33149

Country

US

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

SAUDINO, DOLORES
15165 NW 77TH AVE
SUITE 2003
MIAMI FL 33014

Name

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

61 Harbor Drive

City

Key Biscayne

FL

Zip Code

33149

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 D ☐ Delete
NAME SAUDINO, DOLORES
STREET ADDRESS 1519 PENNSYLVANIA AVE #2
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ Delete
NAME SAUDINO, JUAN I
STREET ADDRESS 1519 PENNSYLVANIA AVE #2
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME SAUDINO, DOLORES
STREET ADDRESS 61 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE D ☐ Change ☐ Addition
NAME SAUDINO, JUAN I
STREET ADDRESS 61 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

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

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

TITLE ☐ Change ☐ Addition
NAME
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOLORES SAUDINO

3/10/00 (305) 373-2848

Date

Daytime Phone #

CR2/F034 (9/99)