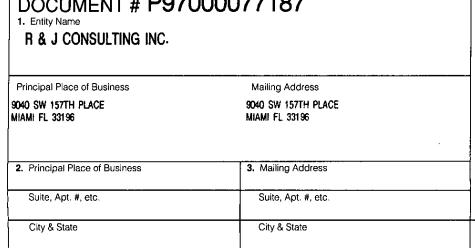
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077187 1. Entity Name R & J CONSULTING INC.

FILED Apr 05, 2001 8:00 am Secretary of State 04-05-2001 90035 042 ***150.00



Principal Plac		3	Mailing Address										
9040 SW 157TH MIAMI FL 33190			9040 SW 157TH PLACE MIAMI FL 33196										
								1811 1881 18 11 88 11	H 12 HH 1 1H				
2. Principal P	Place of Busin	ess	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	te		City & State		4. 1	4. FEI Number 65-0779217					pplied For ot Applicable	}	
Zip		Zip	Country			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						
- A1111					Name						•		
9040	REZ, JULIE SW 157TH AI FL 33196				Street Address (P.O. Box Number is Not Acceptable)								
MIAN	M LF 22130				City				F	· ·	Zip Cod	de	-
													-
8. The above	named entity	submits this statement to	r the purpose of changing its	registere	ea office or	registered ag	ent, or both,	in the State of F	iorida.				
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signatu	re required when re	einstating)		DATE	E			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 20	FILE NOW!!! FEE IS \$150. After MAY 1, 2001 Fee will be \$ Make Check Payable to Departmen				on Campaign Fl Fund Contributi	_		\$5.0 Adde	00 May Be d to Fees	
11.		OFFICERS AND		12.	·		L DITIONS/CH	IANGES TO OF	FICERS AI	ND DIF	RECTOR	RS IN 11	1
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STREET ADDRESS 9040 SW 157TH PLACE					et address								8
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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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #