## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 11, 2000 8:00 am Secretary of State DOCUMENT # **P98000000995** 1. Entity Name OBJECT CONSULTING INC. 02-11-2000 90034 045 \*\*\*150.00 Mailing Address Principal Place of Business 20423 STATE RD. #7 20423 STATE RO. #7 DARTORRE **SUITE F6-268** SUITE F6-268 **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address 2230 SPRING HARBOR DR. RUAD 9413 SWITZER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SHITE - I City & State City & State Applied For 4. FEI Number 65-0812092 OVERLAND PARK. DELRAY BEACH Not Applicable Country \$8.75 Additional 66214 USA 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANDRAKANT - M -- PATEL PATEL, DIPESH Street Address (P.O. Box Number is Not Acceptable) 20423 STATE RD. #7 **SUITE F6-268** SUITE -2230 SPRING HARBOR DR. **BOCA RATON FL 33498** CityDELRAY 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. 01/18/2000 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIP Delete TITLE TITLE PATEL, DIPESH PATEL, DIPESH NAME NAME 9413 SHITZER ROAD STREET ADDRESS 20423 STATE RD. #7, SUITE F6-268 STREET ADDRESS OVERLAND PARK, KS - 66-214 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33498** ☐ Change Delete TOF TITLE PATEL, KRISHNA NAME NAME 9413 SWITZER ROAD STREET ADDRESS STREET ADDRESS OVERLAND PARK, KS-66214 CITY-ST-ZIP CITY-ST-ZIE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIF Change ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change NAME NAME

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 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 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR