## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: \_

DOCUMENT # P98000021194  1. Entity Name						FILED Feb 21, 2000 8:00 am Secretary of State				
J.R. CONSULTANTS GROUP, INC.										
Principal Place of Business  1351 SW 141ST AVENUE SUITE 402 PEMBROKE PINES FL 33027			Mailing Address 1351 SW 141ST AVENUE SUITE 402 PEMBROKE PINES FL 33027-3561			0	2-21-2000 90	0004 043	***158.7	5
2. Principal Place of Business  1351 S.W.141 A Ve  Suite, Apt. #, epc.  403			3. Mailing Address 1351 S.W. 141 A.V Suite, Apt. #, etc. 403			DO NOT WRITE IN THIS SPACE				
City & State			6ity & State	Pines		4. FEI Number	NOT APPL	ICABLE		plied For at Applicable
Zip 3303	-7 Country	da	Zip. F=10:33027	Country	4	5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of	Current Re	gistered Agent	Name		7. Name and Ad	Idress of New R	legistered A	gent	
ACEVEDO, ROSA M 1351-SW-141ST-AVENUE-SUITE 402					idress (P.0	O. Box Number is	Not Acceptable	9)		
	BROKE PINES FL 33027									
				City			·	FL	Zip Code	9
8. The above	named entity submits this stat	ement for th	e purpose of changing its r	egistered office or	registered	d agent, or both, i	n the State of Flo	orida.	I	
SIGNATURE _										
- SIGNATORE	Signature, typed or printed name of regist	ered agent and	title if applicable (NOTE.	Registered Agent signatur	re required wh	hen 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 Sta			Trust I	on Campaign Fir Fund Contribution			<b>0</b> May Be I to Fees
11.		RS AND DIF	RECTORS	12.		ADDITIONS/CH	IANGES TO OFF	ICERS AND		
TITLE NAME STREET AOORESS CITY-ST-ZIP	PD ACEVEDO, NEMESIO JR 1351 SW 141ST AVENUE PEMBROKE PINES FL 33		□ Delete <b>32</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ACEVEDO, ROSA M 1351 SW 141ST AVENUE PEMBROKE PINES FL 33	E SUITE 46	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE  NAME  STREET ADDRESS			☐ Delete	TITLE NAME *STREET-ADDRESS.	<b>2</b>			-	☐ Change	☐ Addition
CITY-ST-ZIP				CITY-ST-ZIP	<del></del>		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del> ·			Change	Addition
13. I hereby of indicated of the corr	ertify that the information support this report or supplemental poration or the receiver or trus or on an attachment with an a	report is tru tee empowe	ue and accurate and that my ered to execute this report a	/ signature shall ha	ive the sa	me legal effect a	s if made under o	oath; that I a	m an officer	or director

2/15/2000 954-450-2782 Daytime Phone #