

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002804

1. Entity Name

B.L.Y. CONSULTING, INC.

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

01-24-2000 90038 003 ***150.00

Principal Place of Business

Mailing Address

331 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

331 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483-4555

2. Principal Place of Business

3. Mailing Address

780 NW 100 Terr
Suite, Apt. #, etc.

780 NW 100 Terr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

PLANTATION, FL

Plantation, FL

4. FEI Number

Applied For

650886787

Not Applicable

Zip

Country

33324

USA

Zip

Country

33324

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

FREEDMAN, BRUCE H
190 N.E. 199TH STREET
SUITE 204
NORTH MIAMI BEACH FL 33179

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 YACHBES, BART
CITY-ST-ZIP 331 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS YACHBES, BART
CITY-ST-ZIP 780 NW 100 Terr
PLANTATION, FL 33324

TITLE ☐ Delete
NAME D
STREET ADDRESS YACHBES, BONNIE
CITY-ST-ZIP 331 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS YACHBES, BONNIE
CITY-ST-ZIP 780 NW 100 Terr
PLANTATION, FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YACHBES, PRES.

Date

1/17/2000

Daytime Phone #

(954)
426-3664

CR2E034 (9/99)