

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017787

1. Entity Name  
D.J.P. CONSULTING, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90039 024 \*\*\*150.00

Principal Place of Business Mailing Address  
TWO SOUTH UNIVERSITY DRIVE, SUITE 321 TWO SOUTH UNIVERSITY DRIVE, SUITE 321  
PLANTATION FL 33324 PLANTATION FL 33324-3307

2. Principal Place of Business 3. Mailing Address  
1860 N. Pine Island Blvd 1860 N. Pine Island Blvd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
163 Suite 103

City & State City & State  
Plantation, Fla Plantation Fla  
Zip Zip  
33322 USA 33322 Country

4. FEI Number Applied For  
65-0911760 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KOENIGSBERG, JAY  
1101 BRICKELL AVENUE, SUITE 800-SOUTH  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POSTAL, JEFFREY	
STREET ADDRESS	TWO SOUTH UNIVERSITY DRIVE, SUITE 321	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	Postal Jeffrey	<input type="checkbox"/> Delete
NAME	1860 N. Pine Island Rd	
STREET ADDRESS	Suite 103	
CITY-ST-ZIP	Plantation, Fla 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeffrey Postal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 954-5770300  
Date Daytime Phone #

CR2E034 (9/99)